POLICY PROJECT
FINAL REPORT

September 1, 1995 to
December 31, 2000

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CONTENTS

EXECUTIVE SUMMARY

During its five-year term (1995-2000), the POLICY Project improved the policy environment for FP/RH programs and advanced ICPD objectives worldwide. Working in 36 countries and with USAID three regional organizations, POLICY collaborated with scores of institutional partners, including NGOs, research institutions, government agencies, consulting firms, media companies, and universities. By the end of the project, POLICY employed 152 overseas staff and consultants, who provided continuous in-country technical support to project activities. At the same time, there were approximately 80 U.S.-based staff members working on POLICY.

In general terms, the POLICY achieved the following:

1. Governments strengthened their resolve in support of FP/RH programs, laws, and policies;
2. Governments and private entities developed and implemented policies and plans expanding access to FP/RH information and services;
3. Researchers and analysts generated, studied, and disseminated information and data related to FP/RH;
4. FP/RH issues, especially policy issues, received greater publicity and general acceptance;
5. Governments mobilized substantial amounts of additional financial resources for FP/RH services;
6. Several countries made significant progress toward achieving contraceptive self-reliance;
7. Local policymakers, officials, researchers and analysts expanded and enhanced the knowledge and capacity for taking actions in support of FP/RH policies and programs.

The following summarizes some of POLICY's specific contributions for the 64-month life of project from 1995 to 2000.

- Carried out programs in 36 countries and with three regional USAID offices
- Achieved 88 SO level results in 33 countries and 149 IR level results in 36 countries (Descriptions and analyses of these results can be found in the section of this report called "Summary of Project Results." A complete listing of results is contained in a separate annex to the Final Report.)
- Collaborated with more than 150 institutional partners, including NGOs, research institutions, government agencies, consulting firms, media companies, and universities
- Formed and supported 27 advocacy networks in 18 countries
- Conducted more than 163 advocacy training workshops and published an advocacy training manual that has been translated into five languages and adapted by other organizations for use with NGOs in other sectors
- Awarded 146 minigrants in 21 countries, totaling $520,000
- Awarded 176 subcontracts in POLICY countries for $3.7 million and 28 subcontracts in the United States for $1.1 million
- Organized two international conferences and five country workshops in FP/RH finance
- Conducted more than 300 policy analyses and research studies
- Commissioned 13 global research studies on five topics with awards totaling $1.7 million
- Developed or updated 11 policy models and transferred them to the Windows operating environment, including the following as part of the SPECTRUM Suite of Policy Models: DemProj, FamPlan, Rapid, AIM, BenCost, NewGen. Other models developed or updated include modules to address various aspects of HIV/AIDS such as mother-to-child transmission (MTCT), tuberculosis (TB), or antiretroviral treatments (HAART); and two modules designed to look at training requirements (ProTrain) and the supply of commodities (SupplyPlan) needed to meet FP/RH goals
- Applied SPECTRUM models and transferred model application skills in 25 countries

- Disseminated more than 1,000 hard copies and 2,700 downloads of SPECTRUM software and instruction manuals worldwide
- Published six occasional papers, eight working papers, eight research briefs, two manuals, and one monograph, which were disseminated to worldwide audiences
- Developed, validated, and applied the policy environment score survey in 14 countries to assess the status of the policy environment for FP/RH programs and HIV/AIDS

In addition to the list of specific results and other accomplishments, POLICY will leave behind the following important legacies:[1]

- A participatory approach to policy work. POLICY put the Cairo principles into practice in the FP/RH policy arena by establishing NGO networks and giving them the training and tools to become effective advocates.

- HIV/AIDS policy assistance. POLICY made significant contributions in devising workable mechanisms for providing HIV/AIDS policy assistance.

- Local capacity to deal with policy issues. POLICY made a concerted effort to carry out much of its country work through local resident advisors and by providing training to host country counterparts in a number of skills needed for successful policy work. The project also created an institutional legacy of functioning NGO networks.

- A results framework for policy work. POLICY's results framework and performance monitoring plan broke new ground by defining and clarifying specific policy objectives that could be achieved and measured. The POLICY framework also provided a useful model for linking country-level results to both Mission objectives and overall USAID/W PHN objectives.

[1] Extracted from "The POLICY Project: Expanded Management Review." USAID, July 30, 1999.

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AIM	AIDS Impact Model
ANE	Asia/Near East
CAs	Cooperating agencies
CPD	Commission on Population and Development
DHS	Demographic and Health Surveys
E&E	Europe and Eurasia
ESA	East and Southern Africa
ESP	Essential services package
FP	Family planning
GWG	Gender Working Group
HAART	Highly active anti-retroviral therapy
HIV	Human Immuno-deficiency Virus
ICPD	International Conference on Population and Development
IEC	Information, education, and communication
IPPF	International Planned Parenthood Federation
IR	Intermediate result
LAC	Latin America/Caribbean
LGU	Local Government Units
LTA	Long-term advisor
MCH	Maternal and child health
MTCT	Mother-to-child transmission
MOH	Ministry of Health
NGO	Nongovernmental organization
PAC	Postabortion care
PDF	Policy Dialogue and Formulation
PES	Policy Environment Score
PI	Principal Investigator
PLWHA	Persons Living With HIV/AIDS
RA	Resident advisor
RH	Reproductive health
STD	Sexually transmitted disease
STI	Sexually transmitted infection
SO	Strategic objective
TA	Technical assistance
TB	Tuberculosis
TDW	Technical Development Week
TOT	Training-of-trainers
UNFPA	United Nations Population Fund
WCA	West and Central Africa

FINAL REPORT

PROJECT OVERVIEW

The purpose of the POLICY Project (POLICY) was to create a supportive environment for family planning (FP) and reproductive health (RH) programs through the promotion of a participatory policy process and population policies that respond to client needs. To achieve this purpose, the project addressed the full range of policies that support the expansion of family planning and other reproductive health services:

- National policies as expressed in laws and in official statements and documents;
- Operational policies that govern the provision and use of services;
- Policies affecting gender and the status of women; and
- Policies in related sectors that affect population such as health, education, and the environment.

Project Elements

Policy Dialogue and Formulation: The POLICY Project built consensus and mobilized support among policymakers for family planning and reproductive health policies and programs. It helped countries develop or revise policies that responded to the *Programme of Action* of the International Conference on Population and Development (ICPD).

Broadened Participation in the Policy Process: The POLICY Project promoted and strengthened the participation of stakeholders, including beneficiaries, in the policy development process by increasing the ability of nongovernmental organizations (NGOs) to represent stakeholder needs and interests and to work in concert with other NGOs and participants in the policy process.

Planning and Finance: The POLICY Project helped translate national population, family planning, and reproductive health policies into action. This element also emphasized the mobilization of resources for the FP/RH sector and proper allocation of resources within the sector.

Policy-Relevant Research: The POLICY Project supported policy research to direct the attention of policymakers to the critical issues underlying family planning and reproductive health needs, policies, and programs. The project sponsored a program of global policy research as well as research through its country activities.

Crosscutting Issues and Approaches Receiving Special Priority

The POLICY Project paid special attention to three technical areas that cut across the four elements. These areas were reproductive health, intersectoral linkages, and gender. Crosscutting approaches, which permeated all project work, included increasing participation in all activities, improving dissemination, expanding partnerships with host-country institutions, and focusing on results.

RESULTS FRAMEWORK FOR THE POLICY PROJECT

The Strategic Objective (SO) of the POLICY Project was *Improved policy environment for family planning and reproductive health programs, including HIV/AIDS*. The SO consisted of an assessment of the overall FP/RH policy environment in general, as well as the following three components, which were measured separately:

- *Political and popular support strengthened*
- *National and subnational policies, guidelines, and plans developed in support of FP/RH*
- *Financial and other resources mobilized for FP/RH needs*

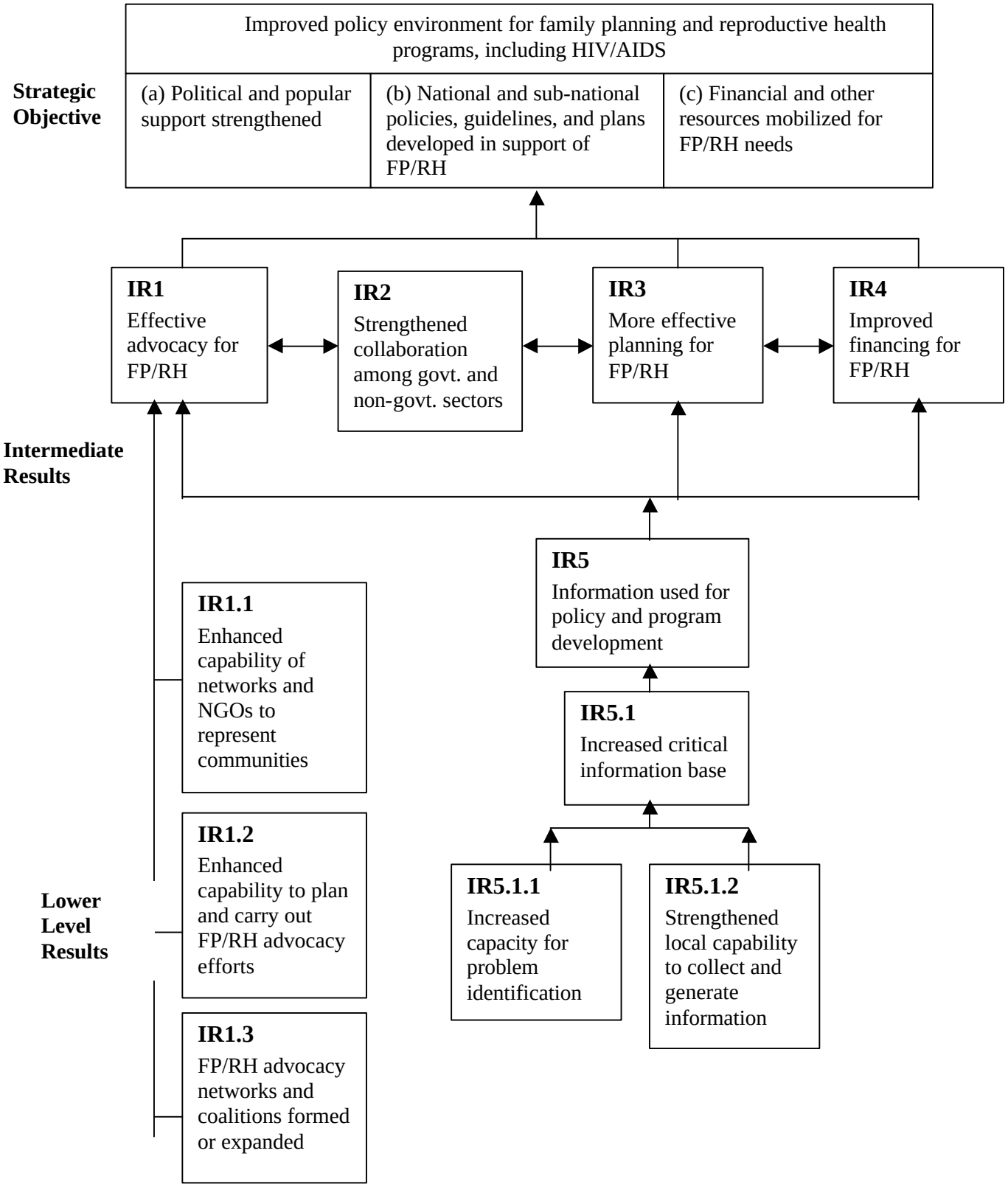
POLICY's SO was supported by the following five intermediate results (IRs):

- IR1 *Effective advocacy for FP/RH*
- IR2 *Strengthened collaboration among governmental and nongovernmental sectors*
- IR3 *More effective planning for FP/RH*
- IR4 *Improved financing for FP/RH*
- IR5 *Information used for policy and program development*

Lower-level results supporting these IRs are shown in Figure 1, which illustrates the POLICY Project results framework. POLICY also specified indicators and data sources for project results.

Element and country activities jointly contributed to the achievement of the project's IRs and the SO. To avoid duplication of reporting, the element sections of the Final Report describe only those activities supported with core funds. Country-specific activities supported with core funds are described in the individual country write-ups. In addition, this report focuses on results reporting. Thus, we begin the report by summarizing the results achieved during the life of the project in a section called "Highlights of Project Results." The element and country sections that follow describe more fully activities and country results. A separate annex contains a detailed listing of results by country for the period from 1995-2000.

Figure 1
POLICY Project Results Framework



HIGHLIGHTS OF PROJECT RESULTS

The goal of the POLICY Project is an improved policy environment for family planning and reproductive health programs, including HIV/AIDS. The contract required that POLICY show "measurable improvement in [the] policy environment in 8 countries" and the "policy environment moving toward improvement in 12 countries." POLICY could demonstrate an improved policy environment when it achieved at least one component of its strategic objective in any country; it could demonstrate measurable improvement when it achieved at least one of its intermediate results in any country. Table 1 shows that the POLICY Project exceeded both targets. POLICY achieved at least one SO-level result in 33 of the 39 USAID countries and regional offices with which it worked. In addition, IR-level results were achieved in 36 of the 39 countries and regional offices. A detailed listing of results achieved in each country is included in the annex to this final report.

Highlights of some of POLICY's major results are presented below, organized by SO and IR.

SO(a): Political and popular support strengthened

POLICY assistance was instrumental in increasing support from political leaders and civil society leaders in 12 countries, as evidenced in the following examples. In Benin, the President offered to participate in public information campaigns for HIV/AIDS prevention. In Bolivia, advocacy campaigns prompted six major political parties to mention reproductive health in their 1997 presidential platforms. In Guatemala, 25 political and civil society leaders manifested support for FP/RH, gender equity, and women's participation in TV/radio programs and in newspapers over a six-month period. In Mexico, health commissioners in two states pledged to support implementation of multisectoral strategic plans for HIV/AIDS prevention and services. In the Philippines, over the entire course of POLICY's five-year involvement with the population program, national and local leaders repeatedly demonstrated support for the population program. Examples of support ranged from two state governors signing executive orders urging the mayors in their municipalities to support the population program, to national legislators signaling support by identifying the Population Act of one of the top five priority legislative measures in the 11th Congress, to survey results indicating that 91 percent of local chief executives saying that family planning is an important intervention to address development programs. In Turkey, a meeting with representatives of the KIDOG network prompted the Turkish president to announce his strong support for government funding of public sector contraceptive purchases.

SO(b): National and subnational policies, guidelines,and plans developed in support of FP/RH

With support from POLICY, 16 countries and the Sahel region developed policies, plans and guidelines to promote FP/RH. POLICY sponsored the conceptualization, development, and formulation of state RH policies in Andhra Pradesh, Rajasthan, Madhya Pradesh, and Uttar Pradesh through a variety of assistance activities including advocacy, projections models, research and policy analyses, workshops, media events, and national seminars. New RH policies were also adopted in other countries. On August 8, the President of Ukraine issued a decree "On additional activities aimed at improving Ukraine's health care." This decree, which addressed a number of public health issues such as alcohol addiction and smoking, also strongly endorses the MOH's proposed national reproductive health program and calls for speeded-up development of that program. In July 2000, Guinea adopted a comprehensive reproductive health policy in patterned after the Model Law developed by an African parliamentarian network (FAAPPD) with technical and financial assistance of POLICY. On July 11, 2000 the Office of the Secretary of State for Population (SEP) in Haiti announced the publication of a national population policy.

Table 1. POLICY Project Cumulative Results Achievement

COUNTRY	# TIMES SO ACHIEVED	# TIMES IR ACHIEVED
AFRICA–Anglophone		
Ethiopia	4	3
Ghana	2	8
Kenya	2	7
Malawi	2	2
Mozambique	0	4
Nigeria	1	0
REDSO/ESA	0	3
South Africa	3	5
Tanzania	2	4
Zambia	1	3
Zimbabwe	1	1
AFRICA–Francophone		
Benin	1	1
Haiti	2	4
Madagascar	1	1
Mali	0	1
Morocco	0	2
REDSO/WCA	1	1
Sahel	1	1
Senegal	1	6
ASIA/NEAR EAST		
Bangladesh	1	1
Egypt	3	3
India	8	11
Indonesia	1	4
Jordan	1	4
Nepal	1	3
Philippines	16	14
EUROPE/NEWLY INDEPENDENT STATES		
Kazakhstan	4	5
Romania	2	8
Russia	2	1
Turkey	3	3
Turkmenistan	0	0
Ukraine	3	1
LATIN AMERICA/CARIBBEAN		
Bolivia	3	13
Ecuador	0	1
Guatemala	3	6
Jamaica	1	1
Mexico	7	5
Paraguay	1	0
Peru	3	7
TOTAL COUNTRIES	**33**	**36 */ 6 ****

* Total countries with an IR achieved, ** Countries counted at highest level of result achieved

While the policy is a culmination of many years of support from POLICY, the final product resulted from intensive technical and financial assistance to the SEP since March 1999 when Haiti's Prime Minister first appointed the new Secretary of State.

POLICY's work with governments and national HIV/AIDS organizations in eight additional countries culminated in policies and plans to deal with the HIV/AIDS crisis. In Ethiopia, for example, legislation established the national AIDS Council and three regional councils, following adoption of the National Policy on HIV/AIDS. In South Africa, two government departments prepared HIV/AIDS and STD Workplace Policy and Program. The President of Malawi approved the National HIV/AIDS Strategic Framework and Agenda for Action following an 18-month participatory national strategic planning process. In Tanzania, the National AIDS Control Program drafted the Medium-Term Plan III, which articulates the government's multisectoral response to HIV/AIDS, and in 1999, the Prime Minister appointed an HIV/AIDS advisory board.

SO(c): Financial and other resources mobilized for FP/RH needs

POLICY assistance also resulted in increased or improved financing of FP/RH and HIV/AIDS services in 11 countries**.** In 2000, the POLICY Project sponsored an experimental program in three municipalities in the Philippines, which combined advocacy and SPECTRUM projections to convince the local government units (LGUs) to set up units aimed at assuring adequate financing for family planning services. The municipalities passed ordinances establishing Municipal Population Development Councils, and permanently fixing a reproductive health line item in the municipal and *barangay* budgets. In this manner, the three LGUs raised 750,000 pesos (about $17,000) for FP/RH for the year 2000 where in 1999 there had been no local authorizations. This approach will be replicated in other LGUs to help meet growing local shortfalls in financial resources and personnel.

POLICY assistance in Romania between 1999-2000 resulted in significant policy changes that will dramatically improve financing for FP/RH in the country.

- MOH memorandum 648 (June 22, 2000) announced the release of state budget funds for MOH Program No. 12 (Mother and Child Health) to *judet* public health authorities. The same memorandum informed all parties that contraceptive procurement would be undertaken centrally by the MOH and locally by the judets.
- The year 2000 Health Insurance (HI) norms in Romania, Order 921/1.765 (July 25, 2000), stated that family doctors at the PHC level in Romania could provide basic FP services, including prescription of methods, for persons without risk, and that they would be reimbursed under HI.
- Technical Norms to apply MOH Program No. 12 for National Assistance for Women and Children's Health and Family Planning (issued August 22, 2000) instructed judets to tap MOH-procured contraceptives using the Program No. 12 line item. It also stated that contraceptives procured centrally by the MOH should be given free to certain segments of the population, while those procured by the judets would be sold at acquisition price to the rest of the population.
- The Prime Minister, the Minister of Health, and the Minister of Finance signed a Government Decision on August 22, 2000, approving the structure and funding for the national public health programs, including Article 2, funding for the family planning program. The GOR Decision provided guidelines for distribution of free contraceptives to identified marginal populations through FP clinics and also created a revolving fund for contraceptives. It also mandated that in areas without FP clinics, contraceptives could be distributed through family doctors at the primary care level.

All of these were landmark policies because they marked the first-time ever that Romania procured contraceptives using government funds, mandated free distribution of government-procured contraceptives to populations with special needs, legitimized contraceptive distribution through the FP clinics and through family doctors, and set up a revolving fund for contraceptives. In addition, family planning has become a recognized and valued benefit under the country's new national Health Insurance system. These results are linked to four years of POLICY's partnership with the government of Romania to restructure the public health system with special emphasis on financing contraceptive supplies and delivering priority reproductive health and family planning services. Key inputs included: preparing costing analyses, conducting workshops on setting RH priorities, and sponsoring numerous policy dialogue venues with leaders from the Ministry of Health, Ministry of Finance, National Health Insurance House, and the College of Physicians.

Policy formulation in several Indian states was accompanied by strategic planning and resource allocation work that culminated in significant resource mobilization for FP/RH. In Andhra Pradesh, POLICY's resource allocation efforts culminated in commitment by the Chief Minister and Cabinet of Andhra Pradesh to increase the FP/RH budget by $5 million. As a direct result of the adoption of the Madhya Pradesh population policy in January 2000, the state government increased the family welfare budget by $1.2 million. Innovative fee-for-service schemes, which allow qualified private providers to use government clinics after hours, were launched in Bhopal. And, as called for in the policy, the government launched two social marketing programs. In Uttar Pradesh**,** the POLICY-assisted District Action Plans resulted in commitments and expenditures of over $7.0 million from the performance-based IFPS bilateral project.

POLICY's assistance promoted the mobilization of resources in Turkey, where the project worked intensively with the government both to increase its own funding for contraceptives and to target its commodity support to the most needy. As a result of POLICY financial analyses and projections, detailed policy analyses for procurement and distribution, and core-funded NGO advocacy network activities, the government began the process of becoming self-sufficient in contraceptive commodities. Since 1997, the MOH mobilized US$3.3 million to purchase contraceptives, mainly oral contraceptives and condoms.

In February 2000, the government of Zimbabwe established a 3 percent HIV/AIDS levy on income to be used to care for the country's hundreds of thousands of infected people. The POLICY Project provided advocacy training to the NGOs that achieved this result. The Standard Chartered Bank of Ghana made a donation to the National AIDS Control Program in the amount of 8 million *cedis* (US$3,076), representing the first major private sector donation to the AIDS awareness effort.

IR1: Effective advocacy for FP/RH

Worldwide, POLICY worked with NGOs, women's groups, professional associations, community-based organizations, and youth groups to transfer networking and advocacy skills and to enhance various groups' ability to function as effective partners in policy dialogue. POLICY strengthened local capacity for implementing advocacy campaigns through numerous training workshops and training-of-trainer courses in advocacy for national NGOs and networks. Partner organizations developed and implemented advocacy campaigns, often with funds awarded through POLICY's small grants program. The grants provided NGOs and networks with seed money to encourage civil society involvement in FP/RH policy formulation and to enable networks to carry out advocacy campaigns, including the development of needed materials. POLICY's assistance contributed to effective advocacy for FP/RH in 15 countries. Some recent examples follow.

POLICY's work with women's groups and NGOs in Guatemala resulted in recent successes involving NGOs in the policy process. The Minister of Health, Vice Minister of Health, Major of Quetzaltenago Department, and MOH Departmental Direction publicly endorsed the women's political declaration with the Cairo Action Group members as a sign of commitment in recognition of sexual and reproductive rights and commitment to strengthen policy dialogue with civil society. The Women's Network and CALDH (the Center for Legal Action and Human Rights) presented a proposal for legal reform to the National Health Code to Congress at the behest of the Vice President of Congress.

Advocacy campaigns implemented by regional members of the National Network for the Promotion of Women (RNPM) trained by POLICY in Peru resulted in the following accomplishments: candidates from six political parties in Cuzco signed a commitment to legislate in favor of sexual and reproductive health; candidates from five political parties in Huancavelica signed a commitment to legislate in favor of sexual and reproductive health; health departmental directors from Tumbes, Piura, and Lambayeque signed an agreement with the Northern Network to support the Reproductive Health Surveillance Committees promoted by the network; Ica's Prefecto, local authorities, and the Departmental Network signed an agreement to collaborate in the implementation of adolescent sexual and reproductive health policies; six Arequipa district mayors, the local MOH Director, and the NGO ASERVIR signed a commitment to assist municipalities to include sexual and reproductive rights in their plans; Vice's Local Committee for Health Administration signed an agreement with the NGO CEPROMUJJ for the implementation of a reproductive health commission; and Chachapoyas' authorities, MOH representative, Departmental Network, and five grassroot organizations signed an agreement to coordinate intersectoral activities for the prevention of gender violence. As a result, RH and RH rights occupied a prominent place in the platforms of the recent elections in Peru.

Advocacy work with community organizations in other countries focused on HIV/AIDS work. In Mexico, POLICY fostered a dynamic community response for HIV/AIDS prevention activities in three states through the formation of local multisectoral planning groups. Diverse groups such as local government institutions, NGOs, representatives of the Catholic Church, and reproductive health rights advocates now work together on HIV/AIDS activities and are achieving dramatic results. The traditional enmity between government and NGOs working in HIV/AIDS has dissipated in Guerrero, where the State Secretariat of Health and the NGO community jointly developed a strategic plan that encompasses the health, education, and tourism sectors; conducted local-level IEC activities and events to raise awareness, including coverage of HIV/AIDS issues in state and local television news; and reached out with the first local language educational materials to the large indigenous population in the state. Advocacy by the planning groups in Yucatan and Guerrero resulted in the development of state-level strategic plans that were endorsed by state secretaries of health and an increased line item for HIV/AIDS/STI in the state budgets. In the Federal District, POLICY-supported advocacy efforts, which called for the creation of a district government program on HIV/AIDS/STI, led to the creation of the HIV/AIDS/STI Council for the Federal District (CODFSIDA).

IR2: Strengthened collaboration among governmental and nongovernmental sectors

Significant progress was made in a number of countries to strengthen collaboration between government and nongovernmental sectors in policy dialogue, formulation, and implementation for reproductive health. POLICY supported the broadening of the post-Cairo reproductive health policy environment to be more participatory, involving NGOs and the private sector. In many instances, POLICY's efforts led to the inclusion of NGOs and private sector representatives in the policy formulation process for the first time. For example, strategic planning workshops, leading up to the formulation of the state population policy in Uttar Pradesh, India, involved NGO representatives for the first time. NGOs and a government ministry in Bolivia collaborated to conduct advocacy workshop for the Fist Lady's Office and wives of high-level government officials. In Peru, the women's network, RNPM, was invited to join the Mesa Tripartia, a

partnership of government, NGOs, and international donors, for purposes of monitoring the government's progress in implementing the ICPD Program of Action. In other instances, POLICY nurtured a spirit of intersectoral collaboration in the formation of working groups, the conduct of advocacy activities, composition of standing committees and boards. The change in perception on the part of many governments of the need to include partners from the nongovernmental sectors is an important step forward.

IR3: More effective planning for FP/RH

POLICY managed a broad-ranging effort to strengthen planning for FP/RH. These efforts employed planning and analysis tools that permitted host country institutions to be increasingly self-sufficient in preparing, negotiating, adopting, and guiding implementation for improved FP/RH programs. The project also conducted an important field test at a national level of the Columbia University School of Public Health framework for setting reproductive health priorities. Planning processes brought together research, advocacy and participation targeted to issues as varied as HIV/AIDS prevention, postabortion care, health insurance, and contraceptive self-reliance. Significant among POLICY's major accomplishments in the planning area are the formulation of district action plans in Uttar Pradesh, India; passage of strategic plans in 23 of Egypt's 26 governorates; preparation of four district-level strategic plans for HIV/AIDS in Zambia; and two state-level strategic plans in Guerrero and Yucatan, Mexico.

IR4: Improved financing for FP/RH

Financial resource mobilization is an essential component of a plan or policy. Comprehensive program policies and/or implementation plans will often include text describing anticipated costs, where resources are expected to come from, private sector participation, etc. Rather than the actual expenditure of resources, the IR indicators for improved financing reflect a commitment to allocate resources as might be evidenced by a budget line item that previously didn't exist, consideration of financial needs and the cost-effectiveness of interventions, or adoption of new financing measures, such as health insurance. Results under IR4 come as a result of technical assistance in understanding the entire range of resource mobilization issues, supported in part by the project's core-funded "Costing Cairo" meetings and publications, but also as a result of myriad budget analyses, marketing segmentation studies, and other financial analyses. Advocacy for adoption of improved financing measures for FP/RH services was another important contributor to IR4 results.

POLICY achieved improved financing results in nine countries. In Haiti, U.S. foundations committed US5 million to Haitian NGOs in support of RH services. In Andhra Pradesh, the Indian state government signed a $1 million contract with Hindustan Latex Limited to initiate a statewide social marketing program. In Jordan, POLICY facilitated an agreement between USAID and the government of Jordan to establish a $4.3 million endowment for the National Population Council. In Kazakhstan, the Minister of Finance provided a line item in national and local budgets specifically for reproductive health services to be provided by the Agency for Health. In Mexico and South Africa, budget line items allocated funds specifically for HIV/AIDS. In Nepal, improved financing came about as a result of consideration of the cost-effectiveness of various reproductive health interventions as part of a national priority setting workshop. In Romania, several recent policy documents dramatically improved financing for FP/RH by creating special line items for contraceptive procurement and developing policies to ensure targeting of free contraceptives to the most needy segments of the population.

IR5: Information used for policy and program development

Over the life of the project, POLICY developed new and improved policy modeling approaches to enable host-country institutions to become self-sufficient in preparing, adapting, and guiding implementation of

FP/RH programs. Various models were used as inputs to development of policies and plans in several countries. The SPECTRUM Suite of Policy Models includes *DemProj* for demographic projections, *FamPlan* for assessing family planning goals to meet requirements, *AIM* (health, social and economic consequences of HIV/AIDS), RAPID (population impacts on development), and *BenCost* (benefit-cost analysis of family planning program). AIM results were been used in developing national HIV/AIDS policies and strategic plans in Benin, Ethiopia, Ghana, Haiti, Kenya, Malawi, Tanzania, Zambia, and Zimbabwe. Recent additions to the SPECTRUM Suite include models designed particularly to assess the impact of HIV/AIDS-related issues (MTCT, TB, HAART). *NewGen* is another recent addition to the SPECTRUM Suite. *NewGen* is an awareness raising and planning model that projects adolescent reproductive health needs (ARH), estimates impacts of not addressing ARH issues, and broadly projects services required to meet current and future needs. Ghana's National Population Council (NPC) used results of the *NewGen* model to specify goals for adolescent reproductive health services and education, which will serve as inputs to the formulation of the draft adolescent reproductive health policy to be prepared later in FY2001. In addition, the NPC's Regional Population Advisory Councils used the model results to develop district ARH plans.

Many countries employed the results of SPECTRUM models developed earlier in the project. Significant examples include a series of family planning requirements projections for 10 provinces in Indonesia carried out with POLICY assistance by BKKBN, and estimates of family planning use required to meet the Department of Health's four-year goals in the Philippines. In India, the three state population and reproductive health policies adopted in 2000 relied heavily on SPECTRUM analyses to set overall goals and project program needs. In addition, the SPECTRUM Suite continues to gain popularity as a key methodological approach in teaching graduate-level students in at least eight major universities in the United States and developing countries.

POLICY was designed to include a program of global commissioned studies. These studies of policy-relevant issues were to be commissioned to help policymakers understand critical issues underlying FP/RH needs and effective policy and programmatic responses. Two studies in particular, "Protecting the Poor vs. Resource Mobilization" and "Replacement of Abortion by Contraception" were incorporated in or served as a catalyst to further policy work in Indonesia and Kazakhstan, respectively.

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SUMMARY OF OTHER PROJECT ACCOMPLISHMENTS

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- Conducted more than 300 policy analyses and research studies
- Commissioned 13 global research studies on five topics with awards totaling $1.7 million
- Developed or updated 11 policy models and transferred them to the Windows operating environment, including the following as part of the SPECTRUM Suite of Policy Models: DemProj, FamPlan, Rapid, AIM, BenCost, NewGen. Other models developed or updated include modules to address various aspects of HIV/AIDS such as mother-to-child transmission (MTCT), tuberculosis (TB), or antiretroviral treatments (HAART); and two modules designed to look at training requirements (ProTrain) and the supply of commodities (SupplyPlan) needed to meet FP/RH goals
- Applied SPECTRUM models and transferred model application skills in 25 countries

- Disseminated more than 1,000 hard copies and 2,700 downloads of SPECTRUM software and instruction manuals worldwide
- Published six occasional papers, eight working papers, eight research briefs, two manuals, and one monograph, which were disseminated to worldwide audiences
- Developed, validated, and applied the policy environment score survey in 14 countries to assess the status of the policy environment for FP/RH programs and HIV/AIDS

In addition to the list of specific results and other accomplishments, POLICY will leave behind several important legacies.[2]

- A participatory approach to policy work. POLICY put the Cairo principles into action in the FP/RH policy arena by establishing NGO networks and giving them the training and tools to become effective advocates.

- HIV/AIDS policy assistance. POLICY made significant contributions in devising workable mechanisms for providing HIV/AIDS policy assistance.

- Local capacity to deal with policy issues. POLICY made a concerted effort to carry out much of its country work through local resident advisors and by providing training to host country counterparts in a number of skills needed for successful policy work. The project also created an institutional legacy of functioning NGO networks.

- A results framework for policy work. POLICY's results framework and performance monitoring plan broke new ground by defining and clarifying specific policy objectives that could be achieved and measured. The POLICY framework also provided a useful model for linking country-level results to both Mission objectives and overall USAID/W PHN objectives.

[2] Extracted from "The POLICY Project: Expanded Management Review." USAID, July 30, 1999.

ELEMENT ACTIVITIES

POLICY DIALOGUE AND FORMULATION

Overview

The Policy Dialogue and Formulation (PDF) element contributed to POLICY's SO, *Improved policy environment for FP/RH programs through political and popular support*, especially SO(a), *Strengthening political and popular support*, and SO(b), *Developing national and subnational policies, guidelines, and plans in support of reproductive health*, through IR1, *Effective advocacy for FP/RH*, and IR2, *Strengthened collaboration among government an nongovernmental sectors.* The PDF element supported these POLICY results by building and improving policy dialogue tools to enhance policy analysis across reproductive health components. The element supported country-level efforts to devise and implement advocacy strategies and presentations targeted to high-level officials to increase their understanding of and support for effective programs. In addition, the element attempted to involve actors not traditionally involved in policy processes, such as formal groups from civil society, including NGOs, women's groups, universities, and professionals, in the policy process. The element directed its core resources primarily to

- Designing various computer models to facilitate policy dialogue, raise awareness, build consensus, and encourage effective planning across the broad scope of reproductive health programs;
- Creating simpler, user-friendly formats for existing tools, preparing and disseminating manuals and training guides to accompany the computer models, and developing advocacy presentations;
- Providing assistance and training in the use of models for planning; and
- Supporting research intended to improve the understanding of processes that lead to successful reproductive health (including HIV/AIDS) policies.

During the lifetime of the project, PDF supported SPECTRUM training in more than 25 countries and conducted more than 10 TOT sessions in SPECTRUM software for U.S.-based and regional staff. Through an intensive training effort during the last three years, almost all technical, in-country staff were trained in SPECTRUM applications and preparing PowerPoint presentations. Element resources were also invested in validating the SPECTRUM models (DemProj and FamPlan) by outside reviewers. The element supported research in reproductive health and HIV/AIDS policy development to inform the international community and country leadership. This included case studies in 13 countries on the development of reproductive health policies and programs and studies in nine countries on HIV/AIDS policy formulation and operational policy issues. The element awarded minigrants in two countries to disseminate findings of the reproductive health case studies. In addition, the element directed resources to support country initiatives in Bolivia (application of the Safe Motherhood model), Ghana (minigrants, application of the NewGen model for youth), Nepal (reproductive health priority setting), Paraguay (setting up a population unit), Romania (policy dialogue), South Africa (advocacy workshops for HIV/AIDS), and Zimbabwe (advocacy workshops for family planning). The element played an increasingly important role in advancing the HIV/AIDS policy agenda in POLICY countries and internationally. The project received financial support from USAID's HIV/AIDS Division of the Office of Health and the Africa Bureau to strengthen policy responses for HIV/AIDS.

Selected Element Achievements

- POLICY made the transition from DOS-based individual models to the SPECTRUM system of policy models. The SPECTRUM system includes DemProj (demographic projections), RAPID

(socioeconomic consequences of rapid population growth and high fertility), FamPlan (family planning requirements to meet goals), AIM (health, social and economic consequences of HIV/AIDS), and Benefit-Cost (benefit-cost analysis of family planning programs).

- New models, developed in collaboration with other institutions, have been added to SPECTRUM during the last few years to address emerging issues. These new models include the NewGen model, developed jointly with the FOCUS Project to investigate programs to improve adolescent reproductive health; the ProTrain model, developed jointly with JHPIEGO to determine the training requirements to meet family planning goals; and the SupplyPlan model, developed jointly with the FPLM III Project to describe the logistics needs for meeting family planning goals. SPECTRUM modules are designed to interact with one another to capture interactions among different program components.
- POLICY trained local staff and counterparts to conduct SPECTRUM training in Kenya, Jordan, Philippines, and Ukraine. Project staff also conducted two regional TOT workshops in Senegal for POLICY staff in Francophone Africa.
- In addition to conducting in-country SPECTRUM training, POLICY mailed more than 1,000 SPECTRUM packages in response to requests for copies. More than 2,700 copies of the software and manuals have been downloaded from the project's website.
- At least eight universities, including John Hopkins University, the University of Maryland, the University of Michigan, Tulane University, East Anglia University, the London School of Economics, and the University of Natal and Dortmund University in South Africa, use SPECTRUM to train policy analysts.
- POLICY has applied and disseminated AIM in more than 13 countries, and AIM figures have been cited in national policies in Ethiopia, Ghana, Kenya, Mozambique, Zambia, and Zimbabwe.
- PDF developed new spreadsheet models (TB model, MTCT module, HAART model) to address newly emerging reproductive health concerns.
- SPECTRUM outputs were included in country strategy documents in Jordan, Morocco, the Philippines, and Ukraine.
- An international UNFPA document cited the element's reproductive health case studies as a reference.
- HIV/AIDS workshops on advocacy (Kenya and South Africa), policy development (Geneva), operational HIV/AIDS policy (Lusaka), and building political commitment (Durban) have become a venue for intercountry exchange and sharing of lessons learned.

Element Strategy

Globally, PDF endeavored to be responsive to country programs and use core resources to support field activities. For instance, in Cameroon and Benin, the element awarded minigrants to disseminate the reproductive health case studies that were funded by the element. In each country, PDF worked to support training, model development, policy analysis, policy dialogue efforts, and FP/RH advocacy. The element's strategy included

- Developing tools, computer models, and approaches to support country needs. For example, the models are accompanied by comprehensive, user-friendly manuals and are available in different languages.
- Ensuring that each model has a clearly stated policy use and intended audiences. PDF strove to develop models that are complex enough to capture the important dynamics of reproductive health yet simple enough to use existing data and be easily understood by country counterparts who may not be modeling specialists. In many cases, simpler models were more effective policy tools than complex ones.
- Communicating modeling results to policy audiences through separate presentations.

- Validating the model through extensive field-testing and revising it as necessary in response to feedback from users. The Ghana application for the NewGen model included several iterations of feedback from country counterparts. In addition, external reviewers suggested improvements for the models.
- Designing training materials and TOT workshops for most models. This approach improved the quality of counterpart training and allowed the element to use the TOT sessions to expand the scope of training. Training materials included user guides, facilitator guides, and slide shows to explain navigation and concepts. These materials can be used to conduct TOT courses at the regional level to facilitate sustainable use.

PDF Tools

POLICY staff developed the following tools to conduct country assessments, interview stakeholders, enhance policy dialogue, and integrate broader reproductive health concerns into POLICY activities:

- Interview guide for reproductive health and HIV/AIDS case studies
- Policy Compendium on HIV/AIDS
- AIDS Program Effort Index
- Human rights presentation
- Training guides for DemProj, FamPlan, AIM, and RAPID
- User-friendly manuals for DemProj, FamPlan, AIM, RAPID, and Cost-Benefit

Between 1998 and 2000, the project published three POLICY Occasional Papers based on the reproductive health case studies and HIV/AIDS policy formulation:

- *Post-Cairo Reproductive Health Policies and Programs: A Comparative Study of Eight Countries*
- *The Art of Policy Formulation: Experiences from Africa in Developing National HIV/AIDS Policies*
- *Post-Cairo Reproductive Health Policies and Programs: A Study of Five Francophone African Countries*

The first two papers have been translated into Spanish and French, and the third is also available in French.

Lessons Learned

Following are some of the lessons learned in enhancing policy dialogue and policy development:

- More meaningful and sustainable results are achieved when the government solicits civil society participation.
- Model development is more effective when the tools are developed on the basis of global issues. Computer model applications that are developed specifically for one country are more difficult to generalize to other countries; however, country applications are crucial to the successful development of useful models.
- Training in policy analysis needs to be expanded.
- Developing core regional teams for computer model training is an effective mechanism for providing South-to-South collaboration. For example, Senegalese trainers trained CERPOD staff in Mali, and Indian trainers trained counterparts in Nepal.
- Recruiting local staff is critical. Most local staff have some experience in FP/RH, but their greatest strength is their knowledge of local policy actors and stakeholders and of the cultural context in which they work.

PARTICIPATION

Overview

The Participation element contributed to POLICY's SO, *Improved policy environment for FP/RH programs through political and popular support*, through IR1, *Effective advocacy for FP/RH*, and IR2, *Strengthened collaboration among government an nongovernmental sectors.* The element supported this objective by promoting and strengthening the participation of stakeholders, including beneficiaries, in the policy development process. It also increased the ability of NGOs to represent stakeholder needs and interests and collaborate with other NGOs and actors in the policy process. Participation resources and inputs were directed primarily to forming and strengthening 27 FP/RH advocacy networks in 18 countries, including 17 national networks, nine local networks, and the Sahel regional NGO network, which is composed of national networks from eight West African countries.

The Participation element also strengthened local capacity for implementing advocacy campaigns by awarding small grants. During the lifetime of the project, the project awarded 146 minigrants, ranging from $500 to $10,000 and totaling $520,000 to NGOs and networks in 21 countries. The grants provided NGOs and networks with seed money to encourage civil society involvement in FP/RH policy formulation and change; create and strengthen advocacy networks and carry out campaigns; and increase South-to-South exchange. The program supported data collection and analysis; development of advocacy materials; network meetings and training workshops, including provision of supplies, facilities, and participant travel funds; participation in international conferences; and purchase of computer and communication equipment.

Selected Element Achievements

- Seventeen national FP/RH advocacy networks and coalitions were created.
- Partner networks developed and implemented more than 25 advocacy strategies.
- As a result of advocacy campaigns, six local women's centers were created to raise awareness and provide venues for public-private dialogue on FP/RH issues.
- POLICY-supported partner networks conducted more than 30 capacity-building workshops for other NGOs.
- Local participation staff and network members carried out six South-to-South technical assistance and exchange visits.
- For the first time in the states of Rajasthan, Madhya Pradesh, and Uttar Pradesh, India, NGOs participated in developing state-level reproductive health policies.
- In Ghana, six district-level advocacy networks built partnerships with district assemblies as well as the National Population Council.
- In Peru, a network member was chosen to serve on the Tripartite Committee created to monitor implementation of the ICPD *Programme of Action*.
- In Turkey, the KIDOG network established a mutually supportive partnership with the MOH.

Element Strategy

In each country, the Participation element worked with USAID and local partners to identify civil society needs and resources to create and implement an appropriate approach for FP/RH advocacy. The element's strategy included the following:

- Providing training and technical assistance to advocacy networks in advocacy, policy analysis, and data collection. Participation experts designed and implemented more than 80 advocacy workshops in 12 countries.
- Providing training and technical assistance in communication, leadership, strategic planning, reproductive health, gender, consensus building, participatory techniques, partnerships, and organizational development to form and maintain networks. A total of 69 workshops were conducted in 13 countries.
- Conducting TOT workshops in advocacy. Fifteen such advocacy workshops were conducted in six countries.
- Placing and supporting 11 local participation coordinators in nine countries.

Participation Tools

POLICY/Participation staff developed the following tools to conduct country assessments, interview stakeholders, and integrate participation into POLICY activities:

- Participation Assessment Tool
- Guidelines for Broadened Participation in Country-Level Policy Research, Analysis and Dissemination
- Participation Questionnaire on Political and Popular Support for FP/RH
- Participation Questionnaire on Network Representation of the Community's Reproductive Health Needs
- NGO Skills Inventory
- Participation Questionnaire to Identify Community Leaders
- Participation Questionnaire to Assess Progress in the Application of the ICPD *Programme of Action*

In 1999, the element published *Networking for Policy Change: An Advocacy Training Manual* to assist POLICY staff and other organizations in training civil society groups in networking and advocacy. This manual has also been published in Spanish. The French, Russian, and Arabic translations are in the final stages of production.

Documentation of Results

The element conducted case studies of four POLICY programs—CERPOD, Ghana, Peru, and Turkey—to understand the mechanisms and opportunities that enable a participatory process to occur. The case studies also document the element's contributions to POLICY's IR1, *Effective advocacy for FP/RH,* by identifying and analyzing factors that contribute to or hinder effective participation in the context of POLICY's broader goal of developing a supportive policy environment for sustainable, self-reliant FP/RH services.

The Participation element sought to change the perception that effective policies must begin at the central and highest levels of authority in national governments. They can begin instead by building a new paradigm that unites decentralization and participation at the local level. *Health Reform, Decentralization, and Participation in Latin America: Protecting Sexual and Reproductive Health* provides information about the project's experiences in strengthening participatory decentralization processes in Latin America, based on case studies in Bolivia, Guatemala, Mexico, and Peru.

Lessons Learned

Following are some of the lessons learned in broadening participatory policy processes:

- Advocacy networks can succeed regardless of the country context. The Participation element's experience has shown that networks can work effectively in countries with a history of public participation as well as in countries emerging from centralized, state-driven policy.
- Participation supports the decentralization process by increasing the capacity of local leaders to take part in the policymaking process and local planning.
- Participation depends on the ability of advocacy networks to continue demanding that their voices be heard. Network sustainability is essential for prolonged public participation in policymaking.
- A participatory process is in itself a valuable result, even though it may be difficult to measure and report. The element developed qualitative indicators to measure the active participation of civil society groups.
- Training in advocacy builds the capacity of groups to advocate for high-priority issues. POLICY training focused on advocacy for FP/RH; however, networks were able to transfer advocacy skills to other issues.
- Recruiting local staff is critical. Most local staff have some experience in FP/RH, but their biggest strength is their knowledge of NGOs, communities, and the cultural context in which they work.
- Small grants fund the implementation of advocacy activities while building networks' capacities to manage resources.
- Participation builds democratic practice and leadership as well as participatory decision making.
- Participation helps build bridges, dialogue, and cooperation across sectors.

PLANNING AND FINANCE

Overview

POLICY's Planning and Finance (P&F) element contributed to the project's SO, *Improved policy environment for FP/RH programs through political and popular support*, principally through IR3, *More effective planning for FP/RH,* and IR4, *Improved financing for FP/RH.* P&F helped develop plans, guidelines, and policies and create awareness about and mobilize financial resources for FP/RH needs. P&F promoted and strengthened the financing base for FP/RH and helped governments and NGOs plan more effectively to reach their service delivery goals.

P&F resources and inputs were directed primarily to raising awareness about the gap between available financial resources (no more than US$7 billion) and the amount needed (estimated at US$17 billion for 2000). Governments in the 18 countries in which the P&F element concentrated its efforts are more aware today of financing options in both the public and private sectors and of the need to focus on ensuring financial sustainability in the future.

P&F supported conferences and workshops that brought together public officials, NGO representatives, and local analysts to discuss implementation of more effective planning and finance mechanisms. One program in January 2000 focused on Rajasthan, India. Workshops in Bangladesh, Bolivia, Guatemala, Indonesia, and Morocco analyzed national resource flows and produced bases to improve priority setting and raise resources internally to enhance sustainability.

Two international conferences brought a comparative perspective to resource mobilization and priority setting. The first of these took place in Nairobi, Kenya, in September 1999, and included teams from eight countries: Ethiopia, Ghana, Kenya, Malawi, Mozambique, Tanzania, Zambia, and Zimbabwe. From that meeting emerged a greater readiness of health, finance, planning, and NGO representatives to work together to plan for FP/RH financing in each of their countries. Follow-up work is continuing under POLICY II. The second international conference, held in Eastern Europe in June 2000, brought together teams from Jordan, Kazakhstan, Romania, Turkey, and Ukraine, to discuss financing issues. Each country group identified important steps toward implementation that would promote better FP/RH financing in the short term.

Selected Element Achievements

- International agencies are more aware today than they were two years ago of the significant shortfall in resources for reproductive health. Early in 1999 in preparation for ICPD+5, UNFPA asked POLICY P&F staff to continue their work and cooperate more closely in the resource mobilization effort.

- The search for alternative, internal sources of finance has grown more intense in several POLICY countries, including Bangladesh, Indonesia, India, Jordan, Kazakhstan, Peru, Romania, Turkey, and Ukraine. Advocates for more effective financing are using the materials P&F generated in Anglophone Africa, Eurasia, and Latin America. User fees and insurance arrangements are subjects of intense scrutiny in several Anglophone African countries that attended the regional finance conference.

- P&F work had an impact on thinking about resource requirements and modes of priority setting for FP/RH. For instance, POLICY Working Paper No.2, "Reproductive Health Costs Literature

Review," was cited in *The Lancet*, and POLICY Occasional Papers 4 and 5, *Implementing Reproductive Health Services in an Era of Health Sector Reform* and *Reproductive Health Interventions: Which Ones Work and What Do They Cost?*, have been cited in other publications.

- P&F staff participated extensively in the research, analysis and writing of the POLICY monograph entitled *Health Reform, Decentralization, and Participation in Latin America: Protecting Sexual and Reproductive Health*.

- Importantly, the activities of the P&F element raised awareness and capacity among scores of local POLICY staff members of the issues surrounding planning and finance in their countries. These individuals in turn drew on project resources and expertise to design and implement P&F activities and obtain the many results in this area listed under the country descriptions.

Element Strategy

P&F worked with USAID and local partners in more than 15 countries to identify information critical to effective planning and better resource mobilization. In addition, the element strategy sought to improve the understanding and skills of POLICY staff. The element's strategy included

- Using an integrated approach to incorporate advocacy, policy dialogue, participation, and research to contribute to the achievement of P&F results;
- Assembling country teams that included representatives of finance, planning, health, and population ministries, along with key NGO and academic/analysis groups, to formulate plans to achieve sustainable financing bases for FP/RH;
- Following up preliminary plans with training and technical assistance to ensure that initial enthusiasm was turned into concrete results;
- Provide case examples of P&F issues and analytical approaches through information, papers, and publications;
- Training in-country and U.S.-based staff in planning and finance techniques and providing the information and analysis to obtain element results at the country level.

Planning and Finance Tools

P&F developed analytic approaches to foster progress toward SOs and IRs, including the following:

- Improving the flow of resources for FP/RH, the efficient use of funds, and the amount of funding. Estimates made for Rajasthan are helping the government expand its spending in this area.
- Forming interagency FP/RH teams that focus on financing gaps and means to achieve more efficient use of resources. Country teams reported significant progress in getting senior decision makers to consider the team's advice once it has been subjected to interagency scrutiny.
- Implementing market segmentation analyses in support of more efficient and effective resource use. Studies in Morocco and Turkey were central to public/private RH finance discussions and guided public sector resource decisions to concentrate resources on the most needy population groups.
- Adapting the Columbia framework for setting priorities for reproductive health interventions enabled the government of Nepal to consider the cost-effectiveness of health interventions as part of its planning process.

Documentation of Results

P&F facilitated production, usually in local languages, of case studies and conference reports for most countries cited above. These reports are being used to identify means to enhance resource mobilization and more effective use of FP/RH financing resources. The element also produced reports that led to the publication of the widely used Occasional Papers 4 and 5, *Implementing Reproductive Health Services in an Era of Health Sector Reform* and *Reproductive Health Interventions: Which Ones Work and What Do They Cost?*

Lessons Learned

Some lessons learned in addressing planning and finance issues in FP/RH include the following:

- Financing results will most likely occur when the strengths of all the project elements are harnessed and adopted to specific country settings.

- FP/RH must compete with many other demands on government and donor resources. Advocates for increased resources in this area must make cogent and attractive arguments that justify additional costs with additional benefits. The P&F element made some progress in that regard but much remains to be done.

- Health sector reform, including decentralization and integration of services, can both help and hinder FP/RH services. A major challenge will be to work with and help shape the reform process in order to improve the quality and effectiveness of FP/RH services. That objective will require close cooperation with USAID, other CAs working in related health service fields, and international organizations seeking to promote better health.

- P&F worked effectively with local recruits in several countries. This collaboration should be expanded in the future. To influence local resource allocation decisions, international programs must work closely with trusted individuals and groups in each locality as these are the people who can influence difficult monetary decisions.

RESEARCH

Overview

POLICY supported research and skill-building activities to help policymakers understand the critical issues underlying FP/RH needs and effective policy and programmatic responses. The Research element contributed to POLICY's SO primarily through IR5.1, *Increased critical information base.* The element sponsored two types of research: global commissioned studies and internal studies.

Globally Commissioned Research Program

At the beginning of the project, experts from other CAs, universities, and donors convened to develop an agenda for POLICY-commissioned global research. Five main themes emerged from the meeting: FP/RH financing, the impact of policy changes on program outcomes, the influence of policies on young adult reproductive health, the impact of family planning on preventing abortion, and the benefits of FP/RH programs for the development of human capital. The Global Policy Research Program commissioned 13 studies on the five themes.

FP/RH financing

- *Financing Reproductive Health and Family Planning Services: A Comparative Study of the Patterns and Cost-Effectiveness of Financing Strategies in Two Low-Income Developing Countries (Egypt and Sri Lanka).* Principal Investigators (PIs): Peter Berman and Ravi Rannan-Eliya, Harvard University.
- *Protecting the Poor versus Resource Mobilization: Financing Indonesian Contraceptive Service Delivery.* PI: Jack Molyneaux, RAND.
- *Impact of the Economic Crisis on Provision and Use of FP/RH Services*. PIs: Vipan Ruffolo and Napaporn Chayovan, Chulalongkorn University, Thailand, and John Knodel, University of Michigan.

Impact of policy changes on program outcomes

- *From the Home to the Clinic: The Next Chapter of Bangladesh's Family Planning Success Story.* PIs: Sydney Schuler and Syed Hashemi, JSI.

Influence of policies on young adult reproductive health

- *Policy Initiatives on Adolescent Reproductive Health in Sub-Saharan Africa*. PI: Ann Calves, University of Montreal.
- *Reproductive Health Programs for Adolescents: The Cases of Buenos Aires, Mexico D.F. and Sao Paulo.* PI: Monica Gogna, CEDES, Argentina.

Impact of family planning on preventing abortion

- *Replacement of Abortion by Contraception in Three Central Asian Republics*. PIs: Charles Westoff, Almag Sharmanov, and Jeremiah Sullivan, Macro International.
- *Fertility Transition, Contraceptive Use, and Abortion in Rural Bangladesh: The Case of Matlab.* PIs: Mizanur Rahman, Julie DeVanzo, and Abdur Razzaque, ICDDR,B, Pathfinder, and RAND.

Benefits of family planning and other reproductive health programs for the development of human capital

- *The Effects of High Fertility on Human Capital under Structural Adjustment in Africa (Cameroon).* PI: Parfait Elondou-Enyegue, RAND.

- *Family Planning Use and Work Patterns among Women in Bolivia, the Philippines, and Zimbabwe*. PI: Emilita Wong, FHI.
- *A Multicounty Analysis of the Impact of the Reduction of Unwantedness and Family Size on Child Health.* PIs: Dennis Ahlburg and Eric Jensen, University of Minnesota and College of William and Mary.
- *Human Capital, Reproductive Health Programs, and the Role of Women in the Household and Broader Economy (Indonesia).* PIs: Elizabeth Frankenberg and Duncan Thomas, RAND and UCLA.
- *The Implications of Excess Fertility and Unintended Births for Children's Schooling (Ghana).* PI: Mark Montgomery, Population Council.

Findings from most of the global commissioned research studies have been presented in the countries in which they were conducted. Some global studies have been used for policy and program decision making. For example, the POLICY/Kazakhstan country program was beginning at the time the global study on replacement of abortion by contraception in three Central Asian republics was coming to an end. POLICY designed a workshop to disseminate the study findings to a wide audience of stakeholders. Furthermore, findings from this study and the study on fertility transition, contraceptive use, and abortion in Bangladesh were presented to policymakers on Capitol Hill. Both studies provide compelling evidence that provision of family planning services can reduce incidence of abortion. Another study conducted in Bangladesh on the effects of the program shift from home-based delivery of contraceptives to clinic-based delivery of services provided important information for USAID/Dhaka as it implemented programs in support of the shift. Using the findings on costs of selected contraceptives in Indonesia and prices paid by consumers for family planning services during the economic crisis, POLICY and others held policy dialogues with the Indonesian government to promote a reduction in BKKBN (Family Planning Coordinating Board) procurement and distribution of contraceptives.

Internal Studies

In conjunction with the PDF element, the Research element conducted several comparative case studies, which were published as POLICY Occasional Papers, including *Post-Cairo Reproductive Health Policies and Programs: A Comparative Study of Eight Countries* and *The Art of Policy Formulation: Experiences from Africa in Developing National HIV/AIDS Policies.* Both papers were widely disseminated. The eight-country case study was published in a special ICPD+5 issue of *International Family Planning Perspectives* and was quoted in the United Nations ICPD+5 Report in 1999. As a companion to the reproductive health case study, POLICY assisted with a similar case study in five Francophone African countries, published as a POLICY Occasional Paper, *Post-Cairo Reproductive Health Policies and Programs: A Study of Five Francophone African Countries*. The Research element also funded several internal research studies that appear in POLICY's Working Paper Series: "Use of Commercial and Government Sources of Family Planning and Maternal and Child Health Care" and "Factors Influencing the Growth of the Commercial Sector in Family Planning Service Provision." In addition, "Analysis of Unmet Need and Its Impact for Postpartum/Postabortion Programs" will be considered for publication in *International Family Planning Perspectives.* Finally, POLICY helped draft a paper on "Contraceptive Method Choice in Developing Countries."

Policy Matters

POLICY disseminated a number of the global commissioned studies, and some internal studies, through a publication series designed specifically for this purpose called *Policy Matters*. Briefs produced in the series are listed in the appendix.

Lessons Learned

Some lessons learned regarding research activities include the following:

- Country studies may have a greater and more immediate impact on policy than global commissioned studies because they can be clearly focused on POLICY country programs and can be undertaken quickly.
- Data from research are used for both policy and program development. The most successful approach has been to embed research in a broader set of policy-related activities, which increases the likelihood that data will be used, not just disseminated to interested parties.
- Collaboration with other researchers, not necessarily in the policy arena, enhances the impact of research.
- Commissioned research was extremely time and resource intensive. The long duration of some studies made it impossible to use findings from these studies in country-based work.

EVALUATION

Overview

Evaluation was one of POLICY's central functions. Because the original project began before USAID reengineering, POLICY did not start out with a results framework. The Evaluation group coordinated a participatory process to design the project framework, which captured the synergies of the four elements in working to create supportive policy environments for FP/RH. The results framework provided an operational basis for determining whether the project met its contractual targets, specified in terms of the number of countries achieving "an improved policy environment" and making "measurable progress toward an improved policy environment." The framework also included empirical indicators for the policy environment and associated policy processes, a significant advance in policy evaluation. POLICY's approach to dual reporting to country Missions and USAID/Washington has been hailed as a model for other globally funded projects.

POLICY devised and implemented a standardized format for reporting country results using an Excel workbook to link country workplans, intended results, and results achieved with the project results framework. The Evaluation team provided continual orientation to project staff in USAID reporting requirements, the POLICY results framework, and use of indicators. Evaluation staff worked one-on-one with all country managers to design country workplans and annual updates and to document results. The team also assisted element and country teams in designing specific assessment instruments, such as key informant interviews. Finally, members of the Evaluation team conducted two evaluation studies: a qualitative assessment of the contribution of participation to policy change in Guatemala and Mexico, and a quasi-experimental assessment of POLICY's impact on municipal planning for reproductive health in Bolivia. Both papers are available as resources to country managers.

Selected Achievements

- USAID approved the project results framework.
- The element developed and implemented empirical indicators for measuring the policy environment and supporting policy processes.
- The element implemented country workplan design, evaluation, and reporting/documentation procedures projectwide.
- All POLICY country workplans conform to the standardized format.
- POLICY received external recognition for its design and evaluation procedures. USAID's mid-term assessment included the results framework as part of the project's "legacy." POLICY was invited to present its approach to the USAID/G/PHN SO2 team, USAID/G/PHN/FPSD, and other CAs, including the MEASURE–2 Evaluation Network, CMS, and Save the Children.

Evaluation Tools

Element staff developed the following tools, which form the *Project Design and Evaluation* binder:

- Guide to USAID Requirements for Strategic Planning and Performance Monitoring
- POLICY Project Results Framework
- Reporting Guidelines
- Country workbook (in Excel)

AFRICA


Mali
Senega
Sahel/CERPOD
Benin
Ghana
Nigeria
REDSO/WCA
Ethiopia
Kenya
REDSO/ESA
Tanzania
Malawi
Zambia
Mozambique
Zimbabwe
Madagascar
South
Africa

BENIN

Background. HIV/AIDS prevalence in Benin is relatively low, but the country must act soon to avoid the devastation other countries are facing. Advocates and some officials have been working to overcome lack of interest in a problem still viewed as small, as well as a strong reticence toward public acknowledgement of the disease among family and friends. With respect to reproductive health, family planning programs in particular have been viewed strictly in terms of maternal health without taking into account the broader human development and socioeconomic impacts of unwanted fertility and high rates of demographic growth on the individual and society. Despite Benin's explicit population policy, the population still does not have access to an array of high-quality FP/RH services. Decision makers at all levels are being made aware of the implications of a demographic growth rate that outpaces other socioeconomic growth indicators. Finally, as with other Francophone African countries, Benin has little history or tradition of concerted civil society participation in government decision making. POLICY provided critical support to NGOs, which have had no model on which to pattern their efforts to influence reproductive health policies, nor experience in forming alliances or coalitions to collaborate on activities.

Objectives. POLICY sought to support USAID/Cotonou in reducing total fertility by increasing political and popular support for reproductive health and contributing to legal and regulatory reform. The project's specific objectives included assisting government and civil society in conducting reproductive health advocacy activities, reinforcing public-private sector collaboration, and increasing the use of data in planning and implementing programs. To achieve these results, POLICY activities focused on disseminating AIM information for use in AIDS advocacy efforts; applying RAPID to project the demographic impact on human development for use in FP/RH advocacy efforts; and strengthening the role of civil society in conducting FP/RH advocacy activities.

Partners. POLICY's primary government counterpart was the National AIDS Control Program (PNLS) of the MOH and Ministry of Plan. Nongovernmental partners included ROBS, a large nationwide health NGO network, and an ad hoc committee to reduce legal barriers.

Types of TA. POLICY used core funds to complement field support in furthering Benin's policy agenda. POLICY provided training and institutional support to apply the AIM and SPECTRUM system of models, reach consensus on fundamental issues in the national dialogue on population/reproductive health and HIV/AIDS, and develop and deliver presentations to public and private sector decision makers at national and decentralized levels. POLICY also trained a network of journalists, enabling them to generate media attention and factual articles on HIV/AIDS, and provided technical and financial support to the PNLS to serve as the host-country institution for POLICY's Francophone Africa Regional AIDS Conference as a means of galvanizing the attention of high-level Beninese officials. To strengthen civil society's skills, POLICY provided extensive training, advocacy and organization-development expertise, and financial support to ROBS, including minigrants to implement advocacy activities. Support also included international travel to learn from similar experiences and participate in the ICPD+5 conference. In addition, POLICY collaborated with the IPPF and other regional partners to provide technical assistance and training from which Benin benefited directly.

Highlights of Country Activities and Results. POLICY succeeded in increasing political and popular support for actions against AIDS. AIM data are now routinely and publicly cited and are increasingly integrated into decision making, including planning and programming by department-level officials. The president of Benin expressed his commitment to playing a prominent media role, even offering to have his blood tested on video. The Minister of Finance and Economy called for greater support in the battle, and the Minister of Justice publicly described the impact of AIDS in his own family, in which five

nephews died of the disease. The chair of a legislative committee responsible for health and other human services proposed multiple actions to increase resources and attention to HIV/AIDS, including organizing a parliamentary network to focus on the problem. A journalist network, REJEB, developed a strategy for HIV/AIDS media coverage. The Benin delegation to POLICY's Francophone AIDS Conference devised a strategy for a national HIV/AIDS policy. While policy dialogue on population and reproductive health is not as far advanced as policy dialogue on HIV/AIDS, the participatory process for applying the RAPID model resulted in consensus among stakeholders regarding the projections of demographic impact and a commitment to the messages that will shape future policy dialogue. Departmental seminars were conducted and results will inform a growing national debate of key issues.

POLICY contributed significantly to ROBS's consolidation and to equipping NGOs and REBEJ with essential skills and knowledge to collaborate on advocacy efforts. ROBS is now a force in the health sector and can effectively represent its communities. The network overcame severe organizational problems typical of pioneering groups attempting to forge an alliance around common interests while retaining their autonomy. Rather than disintegrating, members overcame conflict and attempts at domination by some groups and individuals, emerging as a functional entity with a transparent management system. Government officials have formally recognized ROBS's importance and the alliances it has formed with other associations. Its members have played an important role in departmental workshops on HIV/AIDS and RAPID-based population and human development seminars. ROBS has devised and implemented its own advocacy plans based on its assessments of community needs. REBEJ has begun to achieve a stronger grasp of HIV/AIDS issues and is starting to produce high-quality media articles.

POLICY also made efforts to strengthen the legislative framework for population and reproductive health. After the March 1997 Francophone Symposium on Legal Barriers to Reproductive Health, which focused on the 1920 law and other restrictive laws, Benin organized a follow-up committee to address these laws. By the end of 1997, the committee had developed five legislative proposals aimed at repealing the 1920 law and enacting laws favorable to reproductive health, and introduced the proposals into the legislative process. For nearly two years, committee members prodded the proposals through the legislative, judiciary, and executive branches. By the end of 1999, the committee concluded that their strategy was unsuccessful; however, the committee has now aligned itself with ROBS and is receiving growing assistance from the Forum for African–Arab Parliamentarians for Population and Development (FAAPPD). As POLICY drew to a close, a reproductive health law, modeled after a law proposed by the FAAPPD and developed with regional POLICY assistance, was being drafted by a broad coalition of stakeholders.

EAST AND SOUTHERN AFRICA (ESA) POSTABORTION CARE INITIATIVE (PAC)

Background. PAC is intended to reduce repeat abortions and reduce maternal mortality and morbidity from unsafe abortion. It includes emergency treatment for abortion complications coupled with family planning services and referral to other reproductive health services. The definition of PAC was recently expanded to include community outreach and education, largely a result of the work carried out under this regional initiative. In 1996, POLICY, USAID/REDSO/ESA, and USAID/SFR/SD began collaborating to increase attention to PAC within the region. Attention to PAC was increasing as countries began to implement the ICPD *Programme of Action;* however, USAID Missions in the region lacked awareness and understanding of USAID policy on PAC. Furthermore, a lack of policy dialogue was contributing to fragmented programming; development assistance was limited to service delivery and operations research; and lessons learned in establishing and improving PAC services had not been widely shared.

Objectives. POLICY sought to encourage USAID, CAs, NGOs, other donors, and government officials to invest more resources in PAC in an effort to improve practices within health systems and pass policies and strategies that would improve sustainability, quality, efficiency, and equity of health services. Project objectives included improving availability and use of information for PAC policies, plans, and programs and expanding partnerships and networks.

Partners. In addition to regional-level activities implemented in partnership with USAID/REDSO/ESA, the PAC initiative supported activities and worked with partners in seven countries: Ghana (Ipas, Ghana Nurse Midwives Association); Kenya (PRIME Project, Nursing Council of Kenya (NCK), National Nurses Association of Kenya (NNAK)); Malawi (JHPIEGO, MOH); Tanzania (Marie Stopes International, MOH); Uganda (DISH Project, MOH, Makerere Medical School); Zambia (JHPIEGO, University Teaching Hospital, General Nursing Council); and Zimbabwe (Women's Action Group (WAG), Amakhosi Theatre Group, MOH).

TA Provided. POLICY assistance for the PAC initiative included production of advocacy materials targeted to Missions, other donors, and host-country institutions; recruitment of and support to advocates; networking and collaboration with Missions, other CAs, and donors; country-level needs assessments and follow-up planning; training and funding for research policy analysis, advocacy, and planning; regional forums to share information and promote networking; and documentation and sharing of better practices.

Highlights of Country Activities and Results. The initiative was launched with the production of the brochure, "Postabortion Care in East and Southern Africa: What Can You Do?," 5,000 copies of which were disseminated to USAID/G/PHN, all USAID Missions in the region, CAs, NGOs, and host-country collaborators. The brochure aimed to describe PAC and its importance to PHN programming, clarify USAID policy, summarize the status of PAC services and issues, and refer to additional resources. The brochure and an associated presentation served to inform Missions of USAID support for PAC and led to requests for needs assessments from four countries—Kenya, Malawi, Uganda, and Zambia. In the field-based needs assessments, POLICY collaborated with other CAs and local counterparts to describe the current status of PAC service delivery, identify constraints and opportunities for expanding and improving PAC, and recommend specific actions that USAID and others could take to improve services.

Expansion of PAC services through nurse midwives emerged as an important new service delivery strategy in countries where POLICY conducted needs assessments and elsewhere in the region. In particular, POLICY was asked to address policy issues regarding the new role for nurse midwives (including training and authorization of their practice, updates of service delivery guidelines, referral systems, and acceptance of this expanded role within the health community). In 1997, POLICY sponsored a study tour to Ghana, where nurse midwives had successfully established PAC services through support

from the MotherCare Project. Participants from South Africa, Tanzania, Uganda, and Zambia attended the dissemination workshop for this Ghanaian operations research project, visited study sites, met with Ghanaian policymakers and program implementers, and devised follow-up plans for their own countries. Since then, Kenya and Uganda have successfully completed projects that have demonstrated that nurse midwives can provide high-quality PAC services and that clients and communities think highly of these services. As of September 2000, this strategy was being expanded in both countries. POLICY played an important role in both of these projects by hosting forums and planning meetings with local policy and program decision makers, which strengthened MOH commitment and support.

A major constraint identified in all the country assessments was the lack of knowledge regarding how local communities view PAC and how to build their support for PAC services. POLICY thus undertook two country-level projects to address this gap and inform PAC programming in the region. In Zimbabwe, POLICY supported the WAG in hosting a workshop on the use of theatre for PAC advocacy. The workshop, which brought together social theatre directors and reproductive health program managers, was motivated by the earlier work of the SARA Project, which funded the Zimbabwe-based Amakhosi Theatre Group to produce a play on adolescent pregnancy and unsafe abortion. The outcome of this workshop was a POLICY–Amakhosi collaborative research and advocacy project that took the play into Zimbabwe communities. More than 2,500 people attended performances, stayed afterward to discuss the issues presented by the play, and later devised community action plans for addressing unsafe abortion. Research results from these discussions and key informant interviews have been disseminated widely within the USAID, CA, African reproductive health, and local Zimbabwe communities through reports, a documentary video, and presentations at numerous regional and global conferences. The advocacy techniques developed and documented in this project, called "Theatre for Community Action," now are being adopted throughout the region.

In Kenya, POLICY collaborated with the NCK and NNAK to train nurses as advocates and support their advocacy activities, which aimed to increase awareness and acceptance of expansion of PAC services by private nurse midwives. Advocacy activities were targeted at the national level to the entire nursing community (e.g., through sensitization workshops and materials) and to local communities where nurse midwife PAC services were being established (e.g., through meetings and information campaigns with district health teams, service providers, and community groups). Results showed that initial opposition to PAC was easily overcome by providing accurate information and clarifying misconceptions. The study also revealed, like the Zimbabwe study, that people at all levels welcome the opportunity to discuss openly issues of unsafe abortion and PAC. POLICY's work has prompted the MOH and National PAC Working Group to include advocacy as a component of future PAC service delivery expansion.

POLICY's cumulative work under the initiative led to IPAS's redefinition of PAC to include a component of community outreach and education. It also succeeded in elaborating and building support within USAID for an expanded policy framework for PAC programs, including advocacy and broad stakeholder participation. And, finally, it forged and strengthened partnerships in PAC programming that are leading to more comprehensive and sustained approaches throughout the region.

ETHIOPIA

Background. In August 1998, Ethiopia adopted a National HIV/AIDS Policy after many years of deliberation. Ethiopia must now implement the policy and intensify its efforts to combat the epidemic. POLICY conducted activities to promote an enabling environment for HIV/AIDS interventions through national and regional constituency building and policy dialogue, with a focus on instituting and disseminating technically correct policies and strategies. In 1998, POLICY staff helped update the Ethiopia AIM and expanded the POLICY workplan, with emphasis on HIV/AIDS. As part of this new workplan, POLICY staff assisted Region 14 (Addis Ababa) in developing a regional AIM application. POLICY continued an active program of activities throughout the project despite constraints on technical assistance visits resulting from the Ethiopian–Eritrean war.

Objectives. POLICY supported USAID/Addis Ababa in increasing Ethiopians' use of primary and preventive health care (PPHC) services and enhancing their capacity to expand access to and use of STI/HIV/AIDS services. POLICY activities aimed to control and mitigate AIDS "by instituting and disseminating technically correct policy and strategies and by promoting an enabling policy environment for interventions."

Partners. POLICY's principal counterparts in Ethiopia included the MOH AIDS Prevention and Control Team, the National AIDS Council in the Prime Minister's Office, and regional health bureaus and AIDS councils in five regions—Addis Ababa, Amhara, Oromia, SNNP, and Tigray. POLICY staff, who were active members of the USAID CAs group, worked with the lead CA, Pathfinder, in supporting HIV/AIDS activities with NGOs and religious leaders. POLICY also coordinated its activities closely with UNAIDS, UNFPA, and the Ethio-Netherlands AIDS Research Project (ENARP) in the Ethiopia Health and Nutrition Research Institute.

Types of TA. Activities included support for HIV/AIDS policy dissemination and formulation of national and regional intervention strategies and guidelines; advocacy work, including use of AIM; and strengthening of sentinel surveillance systems. Advocacy activities focused primarily on various civil society groups, including the media, artists, labor unions, and religious leaders. Country-level research on several important HIV/AIDS issues was carried out in collaboration with local consultant groups.

Highlights of Country Activities and Results. POLICY's assistance to counterpart organizations included providing computer equipment and training for HIV sentinel surveillance and other data management and data analysis; providing Internet access and training for the national MOH and the five regions; developing and disseminating AIM booklets at the national level (three editions: 1996, 1998, and 2000) and for the Addis Ababa Region (1999); disseminating other HIV/AIDS advocacy materials to various target audiences; and supporting HIV sentinel surveillance in three regions and analysis of the national HIV sentinel surveillance and AIDS case reporting data. USAID cited dissemination of AIM booklets and policy discussions that took place during AIM presentations as contributing factors to the adoption of the National HIV/AIDS Policy in August 1998. Following another year of discussions and guideline development, the National AIDS Council was officially established on April 22, 2000, to coordinate and integrate HIV/AIDS initiatives. POLICY assisted in developing the regulations to establish the council. At the regional level, the Addis Ababa Regional (City Administration) AIDS Council was formed in February 2000; the Tigray Regional HIV/AIDS Board was established in 1998; and the Amhara Regional HIV/AIDS Task Force was formed in late 1999. Each includes government and nongovernmental representatives, and each meets approximately once each month. POLICY provided technical assistance in establishing these regional AIDS councils and provided equipment and training for the regional AIDS council secretariats. Numerous government policy and strategy documents use information produced with support from POLICY (AIM booklets and national estimates and projections).

These include "Policy on HIV/AIDS of the Federal Democratic Republic of Ethiopia," August 1998; "Strategic Framework for the National Response to HIV/AIDS in Ethiopia for 2000–2004," MOH, September 1999; "Summary: Federal Level Multisectoral HIV/AIDS Strategic Plan 2000–2004," MOH, September 1999; and "Summary: Regional Multisectoral HIV/AIDS Strategic Plan 2000–2004," MOH, September 1999.

POLICY also provided assistance in Ethiopia in the form of policy seminars and advocacy activities. Numerous workshops and presentations were held to disseminate the 1996 and 1998 first and second editions of the national AIM booklet and the 1999 *AIDS in Addis Ababa* booklet. In addition, POLICY provided financial and technical assistance for several civil society advocacy activities, including national workshops on "The Role of Media on HIV/AIDS" and "The Role of Artists in HIV/AIDS Advocacy." An initial workshop was held with the Confederation of Ethiopian Trade Unions to discuss its role in HIV/AIDS programs and plan workplace interventions. The major POLICY initiative in advocacy consisted of work with the four major religious groups in Ethiopia. In Tigray Region, POLICY worked with the Regional Diocese of the Ethiopian Orthodox Church to establish HIV/AIDS committees at each level of the church hierarchy from the regional level down to the local parish level. POLICY assistance included providing accurate information and training on the basics of HIV/AIDS, including epidemiology, prevention, and counseling, care and support issues. At numerous sites in four regions, POLICY worked with member churches of the Ethiopian Evangelical (Protestant) Church Fellowship to train church leaders and volunteer counselors on the same issues. At the national level, POLICY provided technical and financial support to initiate an Inter-Religious Group Network on HIV/AIDS that includes Orthodox, Catholic, Protestant, and Muslim leaders. A national workshop was held to develop networking guidelines.

POLICY conducted and supported numerous training activities, including database management training for the national MOH Epidemiology and AIDS Department and five regional health bureaus; sponsorship for computer training for two people from each of the national and regional offices; counseling training for church leaders at 12 subregional sites; sponsorship for a representative from the national PLWHA organization to the PLWHA conference in Poland; and sponsorship of a POLICY and an MOH staff member to the HIV/AIDS workshop in East Anglia, United Kingdom, in June 2000.

In collaboration with local consulting groups, POLICY conducted two operational research projects: "Community and Personal Risk Perception and Vulnerability" and "A Community-Based Study on Factors Affecting the Accessibility and Utilization of Condoms in Urban, Semi-urban and Rural Areas of Ethiopia." The AIDS Policy Environment Score (APES) was first carried out in 1998 and then again in March 2000. Significant policy developments had occurred between the two assessments and the overall score increased from 44.8 to 50.8, a 13.4 percent increase. The AIDS Program Effort Index (API) survey was carried out in April 2000 to serve as a baseline for the recently established National AIDS Council.

FHA/WCA (FAMILY HEALTH AND AIDS/WEST AND CENTRAL AFRICA, FORMERLY REDSO/WCA)

Background. POLICY's regional approach to supporting family health and AIDS issues in WCA was beneficial because of the specific characteristics of the Francophone region: small population size of Francophone countries; expensive, poor-quality communication and travel infrastructures; similarity in obstacles to RH/HIV/AIDS programs; and a common language and colonial legacy. WCA countries are characterized by high fertility, low contraceptive use, and higher traditional method use than modern method use. The demand for spacing and limiting births is substantial among both women and men. Maternal mortality is high, and abortion is a significant cause. HIV/AIDS prevalence is also a growing concern. Furthermore, the overall policy environment is ambiguous, characterized by few explicit legal and policy constraints but equally few favorable policies and little use of data to inform decisions. A resource-poor health sector dominates reproductive health service delivery, with few specialized programs for youth. The NGO and commercial sectors offer only limited opportunities to meet reproductive health needs, and civil society participation in the policy process is traditionally limited as well. Legislative branches have only recently begun to play a role in governance. POLICY therefore focused its assistance on improving data use and strengthening the NGO and parliamentarian role in policy dialogue.

Objectives. Family Health and AIDS Project (SFPS) objectives increasingly determined POLICY's role in the region during the five years of the project. SFPS objectives, which focus on four priority countries (Burkina Faso, Cameroon, Cote d'Ivoire, and Togo), aim to increase access to family planning and HIV/AIDS services, for which a favorable policy environment is instrumental. POLICY assisted SFPS by improving and promoting policies that enable access to and improve availability of modern contraceptives. POLICY also sought to contribute to effective advocacy and planning efforts and increase the use of reliable information in developing policies and programs. In addition, the project committed to assisting three additional countries (Benin, Guinea (Conakry), and Senegal) in addressing reproductive health legal barriers following a 1997 symposium.

Partners. POLICY partners included the SFPS, IPPF Francophone regional office, Center for African Family Studies (CAFS) Francophone regional office, the Forum of African–Arab Parliamentarians for Population and Development (FAAPPD), and CERPOD. In each country, POLICY worked directly with IPPF affiliates, the MOH divisions responsible for reproductive health and HIV/AIDS, parliamentarians actively promoting reproductive health, and ad hoc committees, which formed after a March 1997 Symposium on Reproductive Health Legal Barriers. Another partner is the Parliamentarians for Global Action (PGA), which is most active in Ghana and Senegal, but is expanding its Francophone activities.

Types of TA. POLICY contributed technical expertise and financial support to a March 1997 Symposium on RH Legal Barriers in Francophone Africa, organized by the IPPF. POLICY followed up the symposium with training, technical expertise, and minigrants for the ad hoc committees organized by representatives to the symposium, to strengthen their ability to strategize and advocate for greater political commitment to reproductive health.

POLICY also subsidized joint workshops and technical assistance in collaboration with regional partner organizations. The project paved the way for more effective planning by completing a baseline assessment of each country's planning and policy process, carrying out DHS secondary analyses on characteristics of demand for services, and developing a methodology for effective use of data.

For HIV/AIDS, POLICY assistance included a regional workshop for representatives from seven Francophone countries to provide them with tools to strengthen political commitment in their countries to address the HIV/AIDS crisis. As follow-up, POLICY began working in Burkina Faso with the National

AIDS Program (PNLS) to apply the AIM to generate accurate, current data for nationwide awareness raising and to support a participatory process for developing a national HIVAIDS policy.

Highlights of Country Activities and Results. POLICY's partnership with IPPF, FAAPPD, and CAFS increased communication among NGOs and parliamentarians in the region, as evidenced by the adoption of common approaches for improving the policy environment. These approaches created a permanent advocacy presence for reproductive health in civil society in their respective countries, and the similarity of strategies facilitated continued information exchange regionally. These advances occurred as a result of repeated opportunities for regional partners, NGOs, and parliamentarians to meet during POLICY-supported conferences, workshops, seminars, and in-country missions. With POLICY support, the FAAPPD brought parliamentarians together to produce a model reproductive health law to implement the ICPD *Programme of Action.* Next, the FAAPPD contacted all ad hoc "follow-up" committees organized to implement recommendations from the 1997 symposium and included them in activities with parliamentarian networks in their respective countries. With POLICY support, several Francophone parliamentarians participated in a PGA conference on the ICPD in which POLICY was invited to play a role. The exchange of experience among the parliamentarians resulted in a decision by the PGA to begin a project in Mali. POLICY support for CAFS parliamentarian seminars created additional opportunities for collaboration among parliamentarians from different countries and among regional partners. In addition, collaboration among POLICY, IPPF, and CAFS resulted in several advocacy training workshops and a two-volume advocacy training manual produced by CAFS with POLICY support.

After several years of training and TA, the ad hoc follow-up committees succeeded in consolidating membership, linking with parliamentarians, and influencing policy. In Guinea, a reproductive health law patterned after the FAAPPD model law was enacted by Parliament in collaboration with NGOs. Senegal's follow-up committee was expanded to include members of the parliamentarian reproductive health network. The committee was subsequently integrated into the ministry's plans for instituting a national CBD program and assigned the role of advocacy to ensure support for CBD. In Cameroon, the CAFS collaborated with the Cameroonian follow-up committee, FAAPPD, and with POLICY to conduct a seminar for parliamentarians on reproductive health and advocacy. As of September 2000, plans were underway in Cameroon to develop a parliamentarian reproductive health network and link it with the committee to identify and carry out advocacy objectives. In Togo, a similar process was underway.

Counterparts in Burkina Faso, Cameroon, and Togo collaborated to collect baseline data to improve the planning and policy formulation process; they also committed to integrating DHS data into their national RH strategies. Secondary analysis of DHS data is complete in all four countries for surveys conducted before 1998, and survey results were disseminated at workshops. In Togo and Cameroon, counterparts contributed to the 1998 DHS secondary analysis, which will be used in workshops on effective data use. Counterparts in Burkina Faso helped develop the workshop methodology; however, delays in availability of 1998 DHS data for Burkina Faso caused the workshop to be postponed.

During the last year of the project, POLICY began regional HIV/AIDS activities, prompting the Burkina Faso PLNS to request project assistance and eliciting support from Benin's national leaders. POLICY, SFPS, and UNAIDS organized a workshop for seven Francophone countries on strengthening political commitment to HIV/AIDS efforts. During the workshop, which was co-hosted by the Benin PNLS and held in Benin, the president of Benin, ministers of Justice and Health, the chair of a parliamentary committee, and other high-level Beninese officials committed to addressing the crisis. Delegations from each country prepared strategies for applying the skills and tools from the workshop on returning to their respective countries. The Burkina Faso PLNS requested that POLICY provide technical assistance and training to strengthen its efforts to raise awareness of the impact of the disease and to devise a national HIV/AIDS policy. POLICY responded with two technical assistance missions to Burkina Faso and AIM and DemProj training sessions for counterparts.

GHANA

Background. Ghana has had a population policy for the past 30 years, and during that time, the environment has become increasingly favorable for implementing the policy. The constitution guarantees reproductive health rights; laws and regulations support access to reproductive health services; and government agencies are assigned specific responsibility for reproductive health and population activities. Elements critical to the policy environment, such as financing, still constitute challenges. Decentralization has funneled more resources to the districts, which consequently require regional technical expertise in policy analysis to help local decision makers. HIV/AIDS has also emerged as a critical area for concern. Ghana is among the low-prevalence countries, but with POLICY support, it has begun to act now to avoid the devastation other countries are facing after failing to act when their prevalence was equally low. The vulnerability of adolescents and young adults with respect to reproductive health and HIV/AIDS constitutes another area of growing concern. Ghana's efforts to address these issues have been channeled primarily through the executive branch with effective use of data and widespread awareness raising. POLICY support helped decision makers recognize the need to have a permanent advocacy presence in civil society and a more active legislative branch to ensure appropriate responses to reproductive health and HIV/AIDS, prompting, for instance, the National Population Council (NPC) to participate in training NGOs in policy analysis and advocacy and to organize presentations for parliamentarians.

Objectives. POLICY supported the Mission in seeking to increase use of reproductive health services and improve FP/RH and HIV/AIDS policies. Most activities focused on collecting, analyzing, and disseminating data on reproductive health, HIV/AIDS, and adolescent needs; decentralizing institutional capacity in policy analysis and advocacy; formulation of Ghana's first comprehensive national HIV/AIDS and STI policy; and increasing the capacity of local NGOs to advocate for and participate in the policy process.

Partners. Primary government and private sector counterparts included the NPC and its public-private sector Regional Population Advisory Committees (RPACs) in Ghana's 10 regions; the MOH and the National AIDS Control Program (NACP); and the Population Impact Project (PIP), based at the University of Ghana, Legon. POLICY and its counterparts also worked with district-level FP/RH advocacy networks in the Eastern Region as a means of strengthening other policy activities while providing replicable strategies for increasing the role of civil society. In development of the national AIDS policy and strategies, POLICY also worked closely with other CAs and UNAIDS.

Types of TA. POLICY conducted regional training and follow-up visits to strengthen the NPC's decentralization process through policy analysis and advocacy capability of RPACs; build, train, and support NGO networks in the Eastern Region to implement advocacy activities in collaboration with the RPAC; carry out an AIM application, publish a brochure, train presenters, and support the MOH nationwide dissemination plan; support a participatory process for the development of Ghana's national HIV/AIDS policy; and apply the SPECTRUM Youth Model as an input to Ghana's adolescent reproductive health policy and for purposes of updating PIP's publication on adolescent reproductive health. POLICY core funds provided most of the resources for participation activities and the SPECTRUM Youth Model.

Highlights of Country Activities and Results. POLICY applied the AIM in Ghana and carried out nationwide dissemination activities. The project also provided extensive technical and financial support to a yearlong participatory policy formulation process in conjunction with the MOH and NACP, which involved many local organizations and public- and private-sector stakeholders and led to the completion of the draft National HIV/AIDS and STI Policy in August 2000. Furthermore, after participating in events conducted by local organizations and POLICY counterparts, central and decentralized officials and

traditional leaders provided public statements expressing greater understanding of reproductive health and HIV/AIDS challenges at the local level.

Since 1995, POLICY has achieved many successes as a result of its activities. Following a contraceptive pricing study carried out by POLICY for the MOH, the MOH implemented some reforms in the National Family Planning Program. After POLICY provided an introduction to FamPlan for the MOH, the MOH used the model to devise objectives for its FP/RH program. Regional capacity-building workshops for regional population officers and NGOs tailored to the needs of each region and follow-up assistance in the field resulted in data analysis and needs identification at the community level. A recent review of district assembly development plans found that three of the five plans cited data generated by SPECTRUM models. Regional capacity building and advocacy training for NGOs in the Eastern Region generated considerable interest. RPACs and NGOs received and responded to invitations for presentations on a wide range of reproductive health and HIV/AIDS-related topics. Audiences included district assemblies, executive committees of district assemblies, heads of decentralized departments, traditional chiefs, and the local council of churches. These efforts led directly to public statements by district officials reflecting their awareness of and commitment to reproductive health and HIV/AIDS actions. Some audiences took action following these presentations; for example, the Church of the Pentecost decided to institutionalize a population and reproductive health program for its pastors.

The Minister of Health committed to developing a comprehensive national HIV/AIDS policy, completing a systematic, participatory policy development process. In August 2000, the Minister of Health signed the preface to the national policy, titled "Draft: National HIV/AIDS and STI Policy," and submitted it to the Cabinet for final approval and to the president for his signature. The MOH NACP also developed and implemented a national HIV/AIDS advocacy workplan. POLICY contributed to the HIV/AIDS policy formulation process by conducting an AIM application, creating a brochure that has gone through two printings, preparing an HIV/AIDS presentation, conducting a training session for presenters, and providing extensive technical and financial assistance for the year-long participatory policy development process.

National reproductive health seminars and presentations aimed at parliamentarians, cabinet members, and other high-level officials resulted in action as well. Some members of the Parliamentary Caucus on Population and Development drew up reproductive health advocacy programs for their constituency and are implementing these programs. For instance, a parliamentarian conducted a study on adolescent awareness, supported in part by district resources, and planned a repeat survey to follow the educational outreach effort.

KENYA

Background. Meeting FP/RH and HIV/AIDS needs are among Kenya's highest priorities. The adult HIV prevalence rate is estimated at 14 percent, with an estimated 2 million people infected. In November 1999, President Moi described HIV/AIDS as a national disaster. Although fertility has declined significantly (the TFR is estimated at 4.5, down from 8 about 20 years ago), resources are increasingly insufficient, and FP services need to continue to increase rapidly. The number of contraceptive users is projected to increase about 30 percent in the next five years.

Objectives. In an effort to promote sustainable, integrated family planning and health services to reduce fertility and the risk of HIV/AIDS transmission, POLICY activities focused on building policy analysis capacity in FP/RH and HIV/AIDS control; analyzing resource requirements to support a sustainable FP/RH program; and supporting the government of Kenya and district-level and NGO networking institutions to adopt and implement essential HIV/AIDS policies.

Partners. POLICY's principal government partners were the National AIDS Control Council (NACC) in the Office of the President; the National Council for Population and Development (NCPD) in the Ministry of Finance and Planning; and the Department of Primary Health Care (DPHC) and the National AIDS and STDs Control Program (NASCOP) in the MOH. The Kenya AIDS NGOs Consortium (KANCO) was also an important POLICY partner. Other POLICY partners were the Africa Medical and Research Foundation (AMREF), the Kenya Medical Research Institute (KEMRI), the University of Nairobi, and the Family Planning Association of Kenya (FPAK). POLICY also collaborated with several USAID CAs, including FHI (especially IMPACT), PATH, Population Council (especially the Horizons Project), MEASURE-Communications, FPLM (JSI), and the Health Finance and Sustainability Project (MSH). POLICY worked closely with many international organizations including the DfID HAPAC HIV/AIDS Project, GTZ's RH Project, DfID's Family Health Project, the World Bank, and UNFPA.

Types of TA. TA included training to use SPECTRUM and the 1998 Kenya DHS results to produce new population, FP, and HIV/AIDS projections; support for FP/RH and HIV/AIDS policy analysis and advocacy activities; organization and facilitation of workshops on FP/RH and HIV/AIDS policy issues, including finance; and production and dissemination of reports on FP/RH and HIV/AIDS topics.

Highlights of Country Activities and Results. POLICY achieved the following results in Kenya:

- The HIV/AIDS policy environment improved, as shown by significant improvements in AIDS Policy Environment Scores (1996–1998 and 1998–2000).
- Guidelines for HIV/AIDS prevention curricula were developed by the Ministry of Education after the minister decided to provide HIV/AIDS prevention education in Kenyan schools.
- Information was used for policy and program development as shown by (1) the incorporation of new population and FP projections (produced using SPECTRUM) into government of Kenya planning documents, and (2) use by government and World Bank of POLICY projections of condoms needed for 2000–2003 and the subsequent commitment of funds by Kenya and the World Bank through the DARE Project in order to procure 80 percent of public sector condoms (300 million) for 2001–2004.
- Information was produced for policy and program development: (1) key stakeholders reached a consensus on national HIV/AIDS research priorities; (2) the most recent *AIDS in Kenya* booklet (fifth edition, October 1999) was produced and distributed to all districts; and (3) a Technical Review Group recommended improvements to the HIV/AIDS sentinel surveillance system.
- Advocacy for RH and HIV/AIDS was improved. In accordance with KANCO's advocacy plan and with POLICY support, KANCO conducted presentations on RH Advocacy for Youth and advocacy presentations on implementation of Parliament's *Sessional Paper on AIDS*.

- Collaboration among government and NGO sectors was strengthened through ongoing periodic meetings of NGO and government participants in KANCO workshops.

To achieve these results, POLICY carried out activities with many stakeholders in many areas, including the following:

- Training during a five-day workshop for staff of DPHC, NCPD, and FPAK to use SPECTRUM to produce new population, FP, and HIV/AIDS projections using the 1998 Kenya DHS;
- Analysis and strengthening of the HIV/AIDS sentinel surveillance system and data;
- Organization and facilitation of five national workshops to develop a consensus on priority HIV/AIDS research;
- Analysis and projections of condom and contraceptive commodity needs for the next five years; and
- Preparation, publication, and dissemination of several policy-related documents.

POLICY provided technical and financial assistance for the preparation and publication of the fifth edition of the *AIDS in Kenya* booklet (October 1999). POLICY supported the preparation of the report, *Family Planning and Reproductive Health Commodities in Kenya: Background Information for Policymakers*, published in November 2000 as an MOH report. Drawing on information in earlier drafts of this document, including the new projections (population, FP, condoms, contraceptive commodities, and HIV/AIDS), POLICY assisted the MOH in producing drafts of the following: *Condom Policy and Strategy for 2000–2004* (August 2000) and *Contraceptive Commodity Policy and Strategy for 2000–2004* (August 2000). Through a regional postabortion care (PAC) program, funded by REDSO/ESA, POLICY provided significant assistance to improve PAC services provided by private nurse/midwives.

POLICY provided TA and financial support to KANCO to enable the consortium to undertake the following programs: (1) Reproductive Health Advocacy for Youth, primarily through a program of skills-building workshops in the broad areas of RH and HIV/AIDS for leaders of advocacy programs for adolescents and young adults; (2) building capacity with district-level and networking institutions of NGOs/CBOs, religious organizations, and other civil society groups to provide leadership for AIDS prevention and care; and (3) HIV/AIDS advocacy workshops for key policymakers and other national and subnational leaders, including members of Parliament, to discuss the *Sessional Paper No. 4 of 1997 on AIDS in Kenya*, and to recommend implementation steps and advocacy strategies at national and subnational levels.

POLICY staff and collaborators produced additional policy-relevant reports, including: *Population and Family Planning Projections for Kenya, 1989 to 2020* (April 2000); *Family Planning Financial Analysis and Projections for Kenya, 1995 to 2020* (November 2000); "Review of Public Expenditure on Family Planning Services in Kenya: Costs Analysis Technical Report" (February 1999); "Estimates of Current Demographic Indicators in Kenya" (June 1999); "Condom Use in Kenya: How many condoms are being used today and how many will be needed in the future?" (November 1999); "Projections of Condom Use in Kenya, 1998–2003: Both Total and Public Sector Condoms" (April 2000); "Projections of Contraceptive Commodity Needs and Costs (Including Condoms for All Uses) in Kenya, 1998 to 2005" (April 2000); "Estimating National HIV Prevalence in Kenya from Sentinel Surveillance Data" (June 2000); and "Ideal HIV/AIDS Workplace Policies" (June 2000).

MADAGASCAR

Background. HIV/AIDS constitutes a serious socioeconomic threat in Madagascar. In 1996, POLICY built on accomplishments of past projects, including SOMARC, OPTIONS, APPROPOP, and Projet PASAGE under the World Bank, to strengthen reproductive health policy in Madagascar. As a result of these policy efforts, the government placed high priority on public health issues and supported many targeted efforts to resolve reproductive health policy issues. However, government capacity to develop reproductive health policy remained weak, and a strong operational policy was needed to prevent an HIV/AIDS epidemic.

Objectives. POLICY's objective in Madagascar was to improve the service delivery environment in order to increase access to high-quality reproductive health services and improve the policy environment for reproductive health. POLICY activities specifically sought to build the capacity of government partners to promote policy dialogue, and contribute to HIV/AIDS/STD interventions.

Partners. POLICY collaborated with the National AIDS Control Program (PLNS), FHI, WHO, and the World Bank to create and disseminate syndromic algorithm guidelines. POLICY also worked with the National Reference Laboratory (LNR) and the PNLS to conduct AIDS advocacy efforts using materials derived from AIM.

Types of TA. POLICY and partners completed an evaluation of syndromic algorithms for the treatment of STDs and provided financial and technical support to validate the algorithms. Based on the validated algorithms for syndromic management, POLICY and the PNLS wrote a brochure describing appropriate identification and treatment methods for STDs.

POLICY also supported dissemination of Madagascar AIM results to the medical community, local communities, and government officials. Ad hoc dissemination in the capital reached high-level policymakers. POLICY also supported printing of an AIDS advocacy brochure and video.

Highlights of Country Activities and Results. The syndromic algorithms brochure was distributed to all government and NGO health facilities in Madagascar and is used by most health workers. Although the impact of improved practices has not been evaluated, the prevalence of STDs and spread of HIV will likely decline as a result of better practices.

The AIM dissemination program, which included seminars, brochures, and videos, was widely publicized. National television broadcast the video repeatedly; newspapers, radio transmissions, and published reports (popular, academic and programmatic) often cited messages from the brochure; and the seminars directly reached more than 1,000 people.

MALAWI

Background. Malawi, one of the poorest countries in the world, is also one of the most severely affected by HIV/AIDS. A mid-term evaluation of the Malawi's Medium-term Plan II (MTP-II) in 1996 and a World Bank-funded AIDS Assessment Study in 1998 warned that the HIV/AIDS epidemic was spreading rapidly throughout the country despite high public awareness. A decision was taken by the government of Malawi to establish a Strategic Planning Unit (SPU) within the National AIDS Secretariat (NAS) in order to provide leadership for an 18-month, four-phase strategic plan development process. This highly consultative and participatory process resulted in the National HIV/AIDS Strategic Framework and Agenda for Action for 2000–2004. The UNDP agreed to provide funding for Phase I and USAID/Lilongwe for Phases II–IV. The Mission asked POLICY to conduct an assessment, which led to agreements between the project and the NAS/SPU in support of their national strategic plan and policy development process. POLICY also began providing TA and material support to the NAS in the areas of advocacy, training, strategic planning, and policy development. At the request of the Mission, POLICY started working with the Reproductive Health Unit (RHU) in the Ministry of Health and Population (MOHP) in the last six months of the project to assess the status of the country's RH policies, guidelines, and standards and identify how they could be strengthened.

Objectives. In support of USAID/Lilongwe's goals to increase the adoption of measures that reduce fertility and risk of HIV transmission and improve child health practices, POLICY activities focused on improving the policy environment for HIV/AIDS by strengthening of political and popular support for HIV/AIDS programs and assisting in the development of the national HIV/AIDS strategy and policy.

Partners. POLICY partners in Malawi included the NAS, the National AIDS Committee (the multisectoral advisory group for the development of the national HIV/AIDS strategic plan), the MOHP, including the RHU and the Planning Unit, and the National Statistics Office (NSO).

Types of TA. In the course of the national strategy development and dissemination process, POLICY provided TA to NAS staff, other partners, and key stakeholders in strategic planning, training design and facilitation, training-of-trainers, and advocacy skills and materials development. Other TA included training in and application of DemProj, AIDSProj, and AIDS Impact Model (AIM) programs in updating national HIV/AIDS estimates and projections; facilitation of stakeholder consensus-building activities; and assistance in planning and conducting the policy development process. POLICY also assisted the MOHP/RHU with its reproductive health policy guidance assessment.

Highlights of Country Activities and Results. The Malawi AIDS Policy Environment Score (APES) was first conducted and disseminated in September 1998. In summer 2000, the AIDS Program Effort Index (API) was administered. APES and API participants rated the AIDS policy environment from 1997 to 2000. While APES respondents perceived little change between 1997 and 1998 (an increase of 0.8 points or 1.7 percent), API respondents rated the AIDS policy environment from 1998 to 2000 as much improved (an increase of 11.7 points, or 19.2 percent).

The POLICY-supported national strategic planning process was highly consultative and participatory, providing one of the first opportunities for Malawians to speak out about HIV/AIDS. The process involved training NAS staff and consultants in advocacy, facilitation, and strategic planning skills in order to conduct a series of regional consensus-building activities with stakeholder groups to elicit input, present findings, and draft and produce the national strategy.

In preparation for completion of the strategy, POLICY assisted the NAS and key stakeholders in updating the national and district HIV/AIDS estimates and projections through 2012, using SPECTRUM's DemProj,

AIDSProj, and AIM. The president of Malawi launched the National HIV/AIDS Strategic Framework and Agenda for Action in October 1999. POLICY worked with the NAS to produce an advocacy booklet and computer graphics presentation for the launch. These materials provided an overview of the HIV/AIDS situation in Malawi (using updated statistics from the AIM activity) and the new national strategy. POLICY supported the printing of 5,000 copies of the booklet, which were distributed widely throughout the country, including to all the districts.

Once the strategy was approved, POLICY assisted the NAS and key stakeholders in designing a process for district HIV/AIDS implementation planning by incorporating the strategic framework. The NAS is working with each district in the country to develop and implement district-level multisectoral HIV/AIDS plans. In July 2000, POLICY supported the attendance of an NAS staff member at the XIII International AIDS Conference in Durban to give a poster presentation on this district HIV/AIDS planning process.

In May 2000, the NAS began a national HIV/AIDS policy development process with POLICY assistance, resulting in recommendations for specific policy review and development. As of September 2000, the NAS was seeking assistance to begin the next phase, involving drafting, review, approval, and implementation of the national policy. Approval and implementation of a national policy will provide the necessary legislative and administrative support for implementing the strategic framework as well as ensuring that all sectors become involved in the national response and that adequate resources are allocated to the effort.

In the last few months of the project, POLICY worked with the MOHP/RHU and key RH stakeholders to reach consensus concerning the need for a national RH policy. Stakeholders assessed the adequacy of existing RH policies, guidelines, and standards, producing a plan that identified areas requiring more development and specifying next steps in the policy process. Based on this plan, the MOHP/RHU intends to work with stakeholders to draft a national RH policy and then seek assistance for policy advocacy, approval, and implementation.

MALI

Background. Reproductive health, child survival, and nutrition indicators in Mali all signal a grave need for improvement in family health. In 1990, the government adopted policy reform to support the implementation of a community-managed and financed essential package of preventive and curative care-plus-health promotion activities. As of September 2000, a 10-year health sector plan (1998–2007) and a five-year implementation program (PRODESS) were in place to fully operationalize this approach. The diversity of community needs and resources makes implementation of the decentralization approach complex. In 1995, USAID adopted a Youth Strategy in recognition of the importance of the youth in Mali (defined as those younger than age 24), who constitute two-thirds of the population. The Youth Strategy helped USAID target resources for human development by consolidating its approach to health and education. In the health sector, the Youth Strategy underscores the needs of young mothers and their children and the need for improved RH and nutrition. Program efforts to respond to these needs will benefit men and women of all ages. To support the Mission's Youth strategy, POLICY focused on strengthening the health system on which adolescents and youth depend and reinforcing the capacity of NGOs and others to advocate for adolescent and youth RH needs.

Objectives. To reach its goal of improving social and economic behavior among youth, USAID/Bamako focused on increasing institutional capacity to deliver high-quality services, improving reproductive health and child survival, and increasing reproductive health knowledge. POLICY supported the Mission's goals by focusing specifically on increasing institutional capacity and improving the policy environment for reproductive health services. The project developed a framework to plan for and assess reproductive health policy changes and worked within the framework on three fronts: increasing the critical information base needed for effective policymaking; enhancing the capacity of NGO networks to conduct advocacy efforts; and improving planning processes.

Partners. POLICY's government counterpart was the Cellule de Planification et Statistique (CPS) in the MOH. POLICY also worked with the NGO network Groupe Pivot on grassroots advocacy initiatives for young adult policy issues.

Types of TA. POLICY improved youth services by raising awareness of the special needs of youth and seeking to create a well-functioning public health system. Project assistance consisted of training and material support for youth advocacy efforts; analysis of relationships between community health organizations and the health centers they manage; and support in planning a new nutrition unit in the CPS.

Highlights of Country Activities and Results. With POLICY TA and material support, Santé Pour Tous (GIE/SPT) conducted a study for the MOH regarding the legal and regulatory and political economy of the functioning relationships among community health associations (ASACOs), community health centers (CSCOMs), and hierarchical government institutions in Mali's community-managed health system. This system comprises Mali's health strategy, and its performance is critical to meeting the health needs of its population, including RH and child survival services. GIE/SPT's major recommendation to improve the community health system, on which access and quality of RH services is highly dependent, was to conduct extensive training and provide information for personnel of ASACOs, CSCOMs, collaborating NGOs, and local officials regarding their rights, obligations, and responsibilities. GIE/STP also recommended reform of the legal-regulatory framework for the community health system.

Subsequent to the completion of the first draft of the study, GIE/SPT—on their own and without support from POLICY—entered into agreement with the German Agency for Technical Cooperation (GTZ) to implement the recommendation on training and information in the Mopti Region, where GTZ supports

community health programs. GIE/SPT prepared a training guide based on findings and conclusions from the study and carried out training for ASACO, CSCOM, and NGO personnel.

POLICY provided advocacy training, including training-of-trainers (TOT) workshops and technical assistance in adolescent RH to Groupe Pivot to strengthen the ability of the nongovernmental sector to network and advocate effectively. POLICY also provided financing and assistance to the CPS and Groupe Pivot to develop and disseminate adolescent information, including a PowerPoint presentation, a literature review, a brochure outlining the RH situation of Malian adolescents, and a draft application of the NewGen module of the SPECTRUM System of Models. POLICY worked with an intersectoral group, including the MOH, Ministry of Youth, Ministry of Primary Education, and NGOs, to develop these products.

The MOH and NGOs used these tools to advocate. The MOH Director of Planning and Statistics made the presentation in several venues. Also, the Executive Director of Groupe Pivot/Sante Population met with the President of the National Assembly to present the adolescent RH advocacy action plan and gain his support. The adolescent working group also made the presentation to high-level officials in the MOH. As POLICY came to a close, a national seminar was being planned.

POLICY introduced the Nutrition Division (DSAN) director to the strategic planning framework and process. The project worked with DSAN's division chief to develop an interim workplan for staffing his division and implementing a workplan appropriate to his limited staffing and critical needs. In addition, POLICY provided training in presentations and the use of PowerPoint; conducted a one-week training session for CPS and other MOH officials in the development and creation of advocacy presentations, with particular emphasis on development of messages and PowerPoint skills; and assisted DSAN in creating a dissemination plan, which includes regional and national presentations, for the PROFILES model. POLICY subsequently provided financial support for the presentations to be disseminated in two regions as a test, which the DSAN intended to use for evaluating further advocacy needs. These presentations were carried out in November in Ségou and Koulikoro and targeted, among others, le Haut Commissariat in each region as well as l'institut Pédagogique d'Enseignement Général de Niono and l'Institut Polytechnique Rural de Katibougou.

A Malian delegation attended the regional AIDS workshop in Cotonou, "Building Political Commitment for HIV/AIDS," then produced a strategy for increasing commitment to HIV/AIDS policy. In addition, the delegation organized a seminar on HIV/AIDS for parliamentarians upon their return. In preparation for the workshop, the UNAIDS–POLICY program effort score was calculated. Results of the score were used in discussions at the Cotonou workshop and shared with government and partner organizations.

With minimal use of Mali field support funds, POLICY supported Malian parliamentarians in regional RH advocacy activities. As a result, Parliamentarians for Global Action initiated a project in Mali to promote the 1999 ICPD *Programme of Action.* They launched the activity at a workshop organized with POLICY support in late October/early November, conducted for Malian and regional parliamentarians to examine a RH law recently enacted in Guinée-Conakry.

MOZAMBIQUE

Background. HIV/AIDS constitutes one of the most serious socioeconomic problems facing Mozambique today. The National Strategic Plan for HIV/AIDS was officially approved in late 1999, and the director of the National AIDS Commission was appointed in April 2000. Although an interministerial commission drafted the strategic plan, most of the participants in the planning process came from the health sector and other organizations directly involved in HIV prevention or services provision. Public and sustained commitment at the highest levels of government and society was needed to mobilize resources, reach people beyond the formal health sector, and address nonhealth challenges of the HIV/AIDS epidemic.

Objectives. In February 1999, USAID/Maputo asked POLICY to use its remaining field support funds to improve the policy environment for HIV/AIDS. Given the limited human resources throughout the government and the need for a multisectoral approach to HIV/AIDS, POLICY activities focused on facilitating intersectoral collaboration in support of the National Strategic Plan. The project's specific objectives included improving intersectoral coordination for HIV/AIDS, contributing to effective advocacy efforts for HIV/AIDS, and increasing the use of information in policy development.

Partners. POLICY partners in Mozambique included the MOH's National STD/AIDS Control Program (NACP), the working group for the national HIV/AIDS strategic plan, and a technical group composed of representatives from the National Statistics Institute (INE), the MOH, the Ministry of Plan and Finance, and the Center for Population Studies at Eduardo Mondlane University. POLICY placed a long-term advisor in February 1999, who acted as liaison among USAID/Maputo, UNICEF, and the NACP and as advisor/coordinator for the multisectoral technical group, working with the group in all its activities.

Types of TA. While counterpart ministries were willing to coordinate with one another, they had neither the staffing nor experience to implement activities on their own. POLICY facilitation, which was critical in opening the dialogue on HIV prevalence estimates, continued to be necessary throughout the life of the project. POLICY assistance included training in AIDSProj and application of the AIM, support to a multisectoral technical group, facilitation of intersectoral workshops to reach consensus on HIV prevalence and HIV/AIDS impact projections, and facilitation of interdonor coordination.

Highlights of Country Activities and Results. POLICY conducted workshops and worked with the NACP working group to use AIDSProj to prepare new HIV projections by region and for the country as a whole. Projections were officially approved by the NACP in the proceedings of an August 1999 consensus workshop. Before POLICY, the only projections available were based on EpiModel and were not approved by the government. It was agreed that the INE should lead a multisectoral technical group to develop HIV impact projections. The multisectoral technical group was formed as recommended and has continued to work together. The INE leads the group, which includes representatives from the MOH, Ministry of Plan and Finance, and the Center for Population Studies. Before POLICY began work in Mozambique, neither the INE nor the Ministry of Plan and Finance was actively involved in HIV/AIDS strategic planning. Official recognition of the group and its activities is manifest in authorship of the government publication, *Demographic Impact of HIV/AIDS in Mozambique*.

POLICY also conducted a training workshop in Washington, D.C., on the AIM and principles of advocacy. Participants included members of the multisectoral technical group, the UNICEF consultant on orphans, and POLICY's long-term advisor. The AIM projections were later accepted by consensus, with the recommendation that a detailed compendium be published. The resulting 68-page book, *The Demographic Impact of HIV/AIDS in Mozambique*, was published in July 2000 under the joint authorship of the MOH, INE, Ministry of Plan and Finance, and Center for Population Studies. The official

publication includes the MOH directive that these figures be used for all official sectoral planning until such time as more comprehensive data are available.

POLICY was successful in leveraging other donor funds in support of its activities in Mozambique. UNICEF financed travel and per diem for the technical group to visit Washington, D.C., for training in AIM; UNICEF also financed the CD companion to the statistical compendium. UNFPA financed printing of 200 copies of the statistical compendium.

In addition, the National Population Policy, officially approved in early 1999, incorporates results of the RAPID application developed by Ministry of Plan and Finance. POLICY supported the printing of the RAPID brochure and underwrote provincial conferences to discuss the first draft of the policy.

NIGERIA

Background. The major socioeconomic indicators for Nigeria are poor. The AIDS epidemic is hitting Nigeria hard; a recent national sero-prevalence survey indicates an HIV prevalence rate of 5.4 percent. For the past several years, a national AIDS policy has been in place and a National AIDS and STD Control Program (NASCP) has been functioning within the federal MOH. In February 2000, the president established a multidisciplinary National Action Committee on AIDS (NACA). Programs also exist within key stakeholder groups, such as the military and police. Despite this policy support, the AIDS epidemic appears to be unchecked, and analysts working in the field feel that stronger support is needed at all levels. For these reasons, POLICY activities in Nigeria focused on HIV/AIDS.

Objectives. POLICY started working in Nigeria late in the project; consequently, it did not operate under a formal results framework. POLICY activities in Nigeria, however, were intended to support the Mission in improving HIV/AIDS prevention and impact mitigation efforts and increasing voluntary use of family planning services. The project focused on strengthening political and popular support and helping develop national policies and plans to support family planning and HIV/AIDS programs. Activities strove to contribute to effective FP/RH planning and advocacy efforts and increase the use of reliable information in developing policies and programs.

Partners. POLICY worked primarily with public sector partners in contrast to other USAID CAs, which focused primarily on nongovernmental and private sector organizations. POLICY's partners in the federal government included NASCP and NACA, and in the military, the Armed Forces Program in AIDS Control (AFPAC).

Types of TA. POLICY provided technical assistance in data management, analysis, report writing, and presentation of the *National HIV Sero-Prevalence Survey*. The project also conducted training in use of the AIM, supported an AIDS projections technical working group, conducted training in advocacy, assisted in short-term planning for HIV/AIDS, and supported a review of military HIV/AIDS policy.

Highlights of Activities. POLICY's work in Nigeria got off to a rapid start in September 1999, when the project provided data management and analysis support for the NASCP for the sentinel surveillance survey for HIV/AIDS. POLICY trained and helped a technical working group on AIDS projections, which the NASCP formed, to use these data to prepare HIV/AIDS projections. Using the projections and surveillance data, NASCP prepared a computer presentation, which NACSP's national coordinator presented to the president. After viewing the presentation, the president expressed concern and created the multisectoral NACA, which answers directly to him.

The president's actions rejuvenated the Nigerian response to the epidemic, and NACA became POLICY's main focus for HIV assistance. NACA now plays a central and strategic role in the government's response to the epidemic. At NACA's request, POLICY organized a weeklong advocacy training workshop, which all participating organizations of NACA attended. During the workshop, participants drafted advocacy workplans, which provided the framework for further POLICY assistance.

POLICY also funded the participation of two NACA members, as well as a journalist and the two local advisors, to attend the world AIDS conference in Durban, South Africa, in June 2000.

In late spring 2000, POLICY participated in a multilateral World Bank and UNAIDS trip to Nigeria. One outcome of the visit was agreement that an Interim Action Plan (IAP) be put in place until a longer term strategic plan could be crafted. Subsequently, POLICY long-term advisors and consultants assisted the NACA in drafting the IAP, which was completed in early July.

POLICY also began to work with the military. With a population of close to 120 million, Nigeria is by far the largest African country and has a large military that participates in international peacekeeping missions. The military organization that coordinates HIV/AIDS activities for the armed services is the Armed Forces Program in AIDS Control (AFPAC). POLICY provided technical, logistical, and financial assistance to the military to review its written policy on HIV/AIDS, which resulted in recommended policy revisions that were subsequently submitted to the Minister of Defense. An additional policy advisory committee, AFTACA, was established in Spring 2000.

SAHEL/CERPOD

Background. Le Centre d'Etudes de Recherche sur la Population pour le Développement (CERPOD) is an institution of the Comité Permanent Inter-Etats de Lutte contre la Sécheresse dans le Sahel (CILSS). Its role is to "stimulate innovations to lessen demographic barriers impairing sustainable development in the Sahel." Nine West African countries—Burkina Faso, Cap Verde, Chad, Guinea-Bissau, Mali, Mauritania, Niger, Senegal, and The Gambia—are members of the CILSS community. USAID/Sahel provides resources for POLICY collaboration with CERPOD.

A major objective for CERPOD is to strengthen CILSS population ministers' commitment to IPCD *Programme of Action* goals. To achieve this objective, POLICY collaborated with CERPOD to organize a conference for population ministers, the first of its kind, to discuss and adapt the ICPD *Programme of Action* to the Sahel's special conditions. The conference, held in late 1997, produced the Ouagadougou Plan of Action (OPA), which has served as the centerpiece of all subsequent activities directed at gaining the support of parliamentarians, NGOs, and journalists to implement the plan.

Objectives. POLICY and CERPOD collaborated to support USAID/Sahel in achieving its objective in the region—to foster conditions needed for sustainable development in the framework of regional integration to attain food security and ensure the sustainable management of natural resources. Collaboration centered on achieving the Mission's objective by identifying options to remove demographic barriers to sustainable development and presenting them to Sahel member countries at the national and sub-regional levels. To reach these goals and to improve the policy environment for population and reproductive health in the Sahel, POLICY activities strove to broaden political and popular support, promote development of plans and policies, enable effective advocacy, enhance public–private collaboration, improve planning, and increase the use of data in informing policy development and decisions.

Partners. POLICY worked primarily with CERPOD. Partners in the POLICY/CERPOD collaboration included CILSS ministers responsible for population and the regional networks of NGOs, parliamentarians, and journalists.

Types of TA. In preparation for the Ouagadougou conference, countries were asked to prepare a report on their preparedness to implement the ICPD agenda. POLICY awarded small grants to local NGO networks to stimulate communication with their respective governments regarding ways in which the NGO community was planning to contribute to implementing ICPD priorities. POLICY and CERPOD then developed a draft Plan of Action, based on the report submitted by the CILSS member countries and input from NGOs. The participants adopted the draft, with minor revisions. In addition to supporting the conference, POLICY provided minigrants and equipment to NGO and parliamentarian networks to strengthen network coordination and conduct advocacy activities; conducted TOTs in SPECTRUM and provided equipment to strengthen capabilities of CERPOD staff to provide technical support to CILSS countries; provided technical and financial support for CERPOD staff to conduct SPECTRUM training for CILSS countries; and supported follow-up to the AIDS Impact Model (AIM) training and application in Burkina Faso.

Highlights of Country Activities and Results. POLICY collaborative highlights include

- Adoption of the OPA in October 1997 by the CILSS population ministers and other high-level officials representing their countries (which included the vice president of The Gambia), reaffirming their commitment to the ICPD agenda and serving as the blueprint for seeking specific solutions to the problems of Sahel.

- Enhanced technical support capability of CERPOD. Computers, a printer, and a projector provided by POLICY for use in the field have helped to improve the effectiveness of CERPOD's technical support.
- Formation of a regional NGO network. During the 1997 conference, the NGOs present—who represented local NGO networks—formally organized a network to promote collaboration with the governments of the CILSS, held two annual conferences to develop their advocacy capabilities, and successfully used grants from POLICY to strengthen their capacity and carry out activities.
- Formation of a parliamentarian network. The network held two annual conferences and used two small grants and a computer from POLICY to strengthen their coordination.
- Participation in the third Africa Population Conference, December 1999, which had as its major objective facilitation of dialogue between policymakers and researchers. CERPOD organized a display booth and a seminar for decision makers on population policy formulation.
- Evaluation of network formation in Sahelian countries. POLICY supported a round of evaluation visits to local NGO networks and a case study describing the formation of the regional network, development of local networks, and collaboration among networks. Results were shared at the second annual NGO network conference, and members integrated selected findings into their action plans.
- Support and TA for a conference for regional journalists who agreed to remain in touch but not to formalize a network.
- Participation in a meeting of decision makers in charge of RH budgets, with a special focus on mobilizing national resources to fund the ICPD agenda.
- At the request of Burkina Faso's National Population Committee, a presentation to 200 members of the committee on the use of the RAPID model in Burkina Faso to implement its population policy.
- Development of master trainers in SPECTRUM within CERPOD. A SPECTRUM TOT was provided to CERPOD staff already skilled in modeling in a broad range of population and development applications. They were able to perfect their abilities and acquire training skills, and their training skills were successfully applied with POLICY technical backstopping in SPECTRUM training for the CILSS countries.
- CILSS countries acquired SPECTRUM application skills. CERPOD and POLICY trainers conducted SPECTRUM training for two representatives of each of the CILSS countries.
- Initiation of TA and training in Burkina Faso following the SPECTRUM workshop, in collaboration with POLICY/FHA, with emphasis on application of the AIM.

SENEGAL

Background. Senegal, despite good progress relative to its neighbors, continues to face burdensome rates of infant, child, and maternal mortality, along with high total fertility rates. Yet progress is being made, contraceptive prevalence is rising, and the policy environment has improved with increased awareness of reproductive health policy among NGOs, journalists, parliamentarians, and the central and regional governments. While the newly elected government has brought both change and opportunity, changes more deeply affecting implementation of population policy were launched a few years earlier. Senegal legislated sweeping decentralization laws in 1997, which were increasingly implemented in 1998 and 1999. As a result, many of the most striking needs for reproductive health policy support have been at the subnational level, both to increase awareness and support for programs and to improve planning and coordination. A POLICY study of locally elected leaders and health planning at decentralized levels underlined these needs and helped open dialogue and clarify misconceptions. At the national level, a POLICY study of barriers to community-based distribution (CBD) and social marketing led to greater government efforts to address RH needs while POLICY assistance helped NGOs and parliamentarians to become participants in those efforts.

Objectives. POLICY activities supported USAID/Dakar's strategic plan for 1998–2006. To increase use of reproductive health services, the Mission planned to increase access to MCH/FP/HIV/AIDS services, increase demand for those services, and improved their quality. POLICY activities were consequently designed to improve the policy environment for FP/RH, increase political support for programs, improve decision makers' strategic planning capabilities, and increase access to and the quality of FP/RH services.

Partners. POLICY partners in Senegal included the Office for Human Resources Planning (DPRH), the Islam and Population Network, and the Committee for Legal and Non Legal Barriers to Reproductive Health (Committee on RH Barriers), which is made up of a group of NGOs led by ASBEF (IPPF affiliate), government officials, and parliamentarians that work together on reproductive health advocacy issues, and the Parliamentarians for Global Action (PGA). POLICY has also worked closely with the Population Council and the Ministry of Health (MOH) in resuming efforts to create a CBD program.

Types of TA. POLICY assistance in Senegal focused on SPECTRUM training at the central government level and in four of the country's 10 regions. Because reproductive health policy has been decentralized, the ability of regional technicians to use the SPECTRUM system of models has strengthened reproductive health planning in Senegal and enabled regional governments to reach consensus on priorities at the regional and national levels. POLICY also provided training and technical and financial assistance to the Committee on RH Barriers and collaborated on studies that generated data needed to expand access to services and influence resource allocation at decentralized levels.

Highlights of Country Activities and Results. In the context of decentralization, POLICY financed and collaborated on a survey of elected leaders on reproductive health and a study on the barriers to community distribution of contraceptives. In addition, POLICY helped increase the capacity of technical specialists in Senegal's regions in the use of SPECTRUM, which enabled them to generate data on reproductive health issues for the regions. These data are crucial because the implementation of reproductive health policy has been decentralized from the central government to the regions. Without this region-specific data, regional policymakers would have no way of tracking and projecting advances and declines in the reproductive health field.

In four of Senegal's 10 regions—Fatick, Kaolack, Louga, and Ziguinchor—POLICY worked with the DPRH to brigh together regional teams to analyze regional RAPID projections, examine underlying assumptions, and refine the model. These teams represent a kernel of human capital, which has already

enhanced the policymaking environment in the regions, a crucial factor as Senegal had decentralized its policymaking.

POLICY responded to a Mission request for a study of barriers to CBD and social marketing and sponsored a workshop to disseminate study findings. Following the workshop, the MOH and the Mission agreed to undertake a national CBD effort through the Population Council. POLICY provided technical assistance and small grants to a public-private sector advocacy committee (organized after a 1997 regional symposium on the topic), which resulted in the formation of the Committee on RH Barriers. POLICY collaborated with the MOH and Population Council on a training workshop for the committee, which led to its inclusion as a formal participant in the health ministry's national CBD effort with responsibility for advocacy.

POLICY supported the development of advocacy teams that have popularized a presentation for reproductive health workers. POLICY also provided support for other advocacy activities, including a dialogue with the newly elected government. POLICY provided technical assistance to the Islam and Population Network to strengthen its capacity to conduct presentations on Islam and reproductive health for religious leaders throughout the country. In addition, it provided the network with equipment, including a computer and projector. Finally, POLICY supported the DPRH in its reorganization and reform process by helping the government quantify its demographic objectives for the Declaration of Population Policy.

SOUTH AFRICA

Background. In addition to the many challenges facing a fledgling democracy, South Africa has the distinction of having one of the most explosive HIV epidemics in the world and is home to the highest number of people living with HIV in Africa. Through the Department of Health's National AIDS Unit and the National AIDS Council, South Africa adheres to a strong multisectoral approach to managing the epidemic. One of the most important strategies the country is following is inclusion of all sectors and national government departments in the fight against the epidemic. By strengthening the mixture of public and private sector players, all South Africans will be better equipped to actively confront the developmental challenges offered in the wake of HIV/AIDS and meet the goals in the new *HIV/AIDS and STD Strategic Plan (2000–2005).*

Objectives. In support of the government's multisectoral approach, USAID/Pretoria requested that POLICY continue to expand its capacity-building assistance to the National HIV/AIDS Unit. The South African workplan focused on strengthening both the personal and institutional HIV/AIDS response of a variety of identified sectors, departments, structures, and stakeholders. Project activities specifically sought to build multisectoral support for HIV/AIDS programs, enable effective advocacy and planning for HIV/AIDS programs, and strengthen collaboration among governmental and nongovernmental sectors.

Partners. POLICY's five South African-based staff and numerous local consultants worked in close collaboration with the Department of Health's National AIDS Unit to support the unit's 13 sectoral focus areas in addition to the sector areas identified by the South Africa National AIDS Council (SANAC). Working with a variety of sectors also necessitated that POLICY, in liaison with the Department of Health and USAID/Pretoria, link with other relevant regional stakeholders, including the Southern Africa Development Commission; national government departments; the South African Business Chamber on AIDS; international and national networks of HIV-positive people (for example, Global Network of People Living with HIV/AIDS); and UNAIDS.

Types of TA. POLICY provided support by building and enhancing local, institutional, and personal capacity within a host of existing organizations and structures. Foundation blocks of POLICY's involvement were technical assistance, support, and expertise tailored to various sectors on all aspects of HIV/AIDS. POLICY's multisectoral assistance demonstrated great breadth, with activities ranging from HIV/AIDS policy and program guideline development to strategic planning; participation activities to active research; and grants for NGO HIV/AIDS work to initiation of sector-specific programs.

Highlights of Country Activities and Results. Strengthening the response of 13 sectoral focus areas (national government departments; the South African Civil Military Alliance; developmental NGOs; the trade union sector; faith-based communities; the corporate sector; traditional leaders; people with disabilities; local government structures; the hospitality industry; men-focused initiatives; women's involvement; the media) resulted in a multisectoral response from both public and private sectors to HIV/AIDS. Each sector has its specific HIV/AIDS niche to fill, and in building and strengthening its capacity, the sector forms ideas about what it can contribute to the AIDS effort and what it can achieve.

The developmental NGOs small grants capacity program increased awareness of the role of non–health-focused local communities in a comprehensive AIDS response. Activities were broad and included supplementing a farm-worker HIV/AIDS care and support initiative, incorporating HIV activities into literacy programs, and creating a functioning local community AIDS network.

In support of the South Africa Business Chamber on AIDS's vision, POLICY's corporate sector activities resulted in the creation of supportive provincial-level corporate AIDS forums. The forums, which are

self-sustained by corporate sector members, resulted in development of a strategic HIV/AIDS vision for the provincial corporate sector.

Participation of faith communities in AIDS care issues has increased. At the grassroots and community levels, awareness of faith communities' responsibilities to provide care have gained strength and support. Networking and collaboration between the Department of Health and faith communities have increased, cementing the bond of partnership and sharing.

POLICY's work with the national government's Interdepartmental HIV/AIDS Committee and with other specific departments helped improve the committee's organizational capacity. In addition, with POLICY assistance, two national departments and a host of provincial departments developed HIV/AIDS and STD policies and programs.

POLICY staff were nominated and elected as chairpersons of the Social Mobilization and Advocacy Task Team, a national team that provides technical support and advice to SANAC on issues related to its core functions.

With POLICY assistance and technical support, the South African Civil Military Alliance increased its capacity to function strategically as one of the core HIV/AIDS networks in the country. Exploring interactions among various government departments, civil society, and the South African National Defense Force resulted in the formation of six provincial arms, each focusing on province-specific HIV/AIDS advocacy issues. In September 2000, the Deputy Minister of Defense will become patron of this alliance.

POLICY's media strengthening initiative resulted in an increase in volume, content, and type of AIDS issues covered by the media. One leading national women's magazine selected HIV/AIDS as their top-priority issue and will ensure that a local HIV/AIDS topic related to hope and survival will appear monthly. Since October 1998, POLICY staff have been writing the first dedicated bimonthly HIV/AIDS advocacy column for a national newspaper; other magazines and newspapers have replicated this example, adding dedicated bimonthly columns to their own publications.

POLICY's reputation in South Africa as a leading catalyst for building and strengthening the institutional and personal capacity to respond to HIV/AIDS at the national, provincial, and regional levels has grown, as has the demand for POLICY's services and its sector-specific workshop packages.

TANZANIA

Background. Tanzania is one of the poorest countries. HIV/AIDS related deaths are now the major causes of death. Life expectancy is declining. There are more than one million AIDS orphans and infant mortality is increasing. HIV infection rates among women are high, and an estimated 70,000 children are born annually already infected with HIV. POLICY has been active in Tanzania since 1996. Primary activities HIV/AIDS activities have supported the development and dissemination of the Third Medium-Term Plan to address the AIDS crisis. In addition, POLICY has worked with the MOH and the Reproductive and Child Health Section to develop a strategic plan as health sector reforms were taking place. The government of Tanzania has increasingly become more aware of the HIV/AIDS crisis, and a new structure to the national AIDS program is envisioned in early 2001. POLICY's flexibility and responsiveness to major ongoing changes in Tanzania's health sector HIV/AIDS strategy have yielded important contributions.

Objectives. In support of USAID/Dar es Salaam's objective to improve the policy environment for reproductive health and HIV/AIDS programs, POLICY/Tanzania worked with both government and civil society organizations. POLICY's activities focused on strengthening political support and awareness raising, strategic planning and capacity building.

Partners. POLICY partners included the MOH's Reproductive and Child Health Service, MOH staff working on health sector reform, members of the HIV/AIDS Technical Advisory Committee, the National AIDS Control Program (NACP), the Tanzanian Public Health Association (TPHA), and several national and international consultants. Partnerships were also initiated with the ministries of Justice, Education and Culture, Finance, and Women, Youth, and Sports; the Planning Commission; and Private Sector Foundation.

Types of TA. POLICY provided various types of assistance, including helping the NACP complete and disseminate the third Medium-Term Plan for HIV/AIDS (MTP-III). Technical assistance, provided mainly by local consultants, also included preparation of advocacy materials, training sessions on data analysis, facilitation of meetings, and provision of support for counterparts to attend conferences.

Highlights of Country Activities and Results. POLICY designed a study carried out by an NACP-supported team of local consultants to assess the advocacy information needs of policy and decision makers with respect to HIV/AIDS. POLICY collaborated with the NACP Epidemiology Unit to prepare an AIM application for Dar es Salaam. POLICY also collaborated with the TPHA to assist with public sector health reform. The MOH's coordinator for public-private partnerships and the TPHA participated in POLICY's final participation conference, Policy Development: Participatory Approaches Make a Difference.

POLICY, the TPHA, and NACP assisted in team-building and awareness-raising workshops for senior managers and HIV/AIDS Technical Advisory Committee (TAC) members from the seven key line ministries and for staff from the Tanzania Private Sector Foundation. These workshops, carried out in July and August 2000, inspired many multisectoral partners to enhance their organizations' contributions to Tanzania's national strategy on HIV/AIDS prevention and care (MTPIII).

POLICY also assisted USAID/Dar es Salaam with its annual SO1/HPN strategy workshops with CAs and other partners and helped the Mission review USAID's public sector health program and development of indicators for R4 policy elements.

ZAMBIA

Background. Zambia has one of the worst HIV/AIDS epidemics in the world. Adult HIV prevalence is in the high teens and has been at that level throughout much of the 1990s. At the same time, the Zambian government opted to disassemble the National AIDS/STDs/Tuberculosis/Leprosy Program (NASTLP) as part of a health reform and decentralization process. In this environment, two policy challenges rose to the forefront: keeping HIV/AIDS high on the national political agenda and helping mount an effective response to the HIV/AIDS epidemic at the district level.

Objectives. POLICY's primary objective in Zambia was to support the Mission in increasing capacity for policy analysis, planning, and support for the delivery of PHN interventions. To this end, POLICY activities focused on increasing the use of reliable information in policy and program development and improving the effectiveness of district planning for HIV/AIDS programs.

Partners. POLICY worked closely with two other USAID CAs in Zambia: Project Concern International, the CA responsible for implementing the HIV/AIDS bilateral; and the Zambia Integrated Health Project (ZIHP), through its Policies, Planning, and Support Systems (ZIHPSYS) component. Government partners included the MOH, the Central Board of Health (including NASTLP before its dissolution), the International Conference on AIDS and STDs in Africa (ICASA) Secretariat, district health management teams, and district HIV/AIDS task forces. POLICY also worked with the military, other ministries, and a wide range of individuals representing the university, women's groups, church organizations, PLWHA, and others. Examples include the Church Medical Association of Zambia, Christian Council of Zambia, Network of Zambian People Living with HIV/AIDS, and Hope Humana.

Types of TA. POLICY provided various forms of assistance during the project. Twice, it assisted with all the complex steps necessary for an AIM application. In particular, it placed great emphasis on presenter training in order that the AIM be used as widely as possible in the country. POLICY also provided training and follow-up support for HIV/AIDS district-level strategic planning in five districts. Finally, at USAID's request, POLICY expended considerable time and resources helping the MOH/Central Board of Health (CBOH) build an independent capability to organize and present the strategic vision and health reform results-to-date to the donor community and Zambian audiences.

Highlights of Country Activities and Results. POLICY provided assistance for two separate iterations of the AIM. The first application was completed in 1997. The second, which incorporated new data from several sources, was completed in 1999. The goals of the AIM applications were to build additional constituencies for HIV/AIDS program activities at the national and district levels; provide strategic inputs for HIV/AIDS policy development and planning at the national and district levels; and help diffuse information about HIV/AIDS throughout the culture.

Zambian counterparts' use of AIM has had a considerable impact in the country. The model responded to a great demand for materials that synthesized existing knowledge about the epidemic in a usable manner and offered glimpses of the future. AIM statistics and descriptions have been used in the draft National HIV/AIDS Policy and in district strategic plans. Zambian counterparts have made hundreds of presentations and distributed thousands of books. Trained counterparts used AIM to strengthen HIV/AIDS programs in the armed services and promote interfaith programs to combat the epidemic. Zambians also used data from AIM in the Revised National Population Policy and the draft HIV/AIDS Strategic Plan.

AIM has been used to diffuse information about the epidemic throughout Zambian culture. Several missionary groups, for example, have copied all or parts of the AIM book and used the material with their

constituencies throughout the country. The University of Zambia Medical School built a course module around AIM to teach its students about the epidemic.

During the project's timeframe, USAID identified five focus districts, including Livingstone, Lusaka, Kitwe, and Ndola along the line-of-rail, and Nchelenge in the northern part of the country. Improvement of HIV/AIDS strategic planning in these districts was a joint POLICY/Project Concern International effort. POLICY contributed the AIM application, including district-level estimates, and training and follow-up in district strategic planning. The effort yielded results: four of the five districts developed strategic plans to intensify the effort to combat the HIV/AIDS epidemic. The task force drafting the National HIV/AIDS Policy also adopted the basic approach to strategic planning used in the training session in its work. The ZIHP, which has a strong district focus, uses the AIM in all the districts in which it is now active.

In the early years of POLICY activity, Zambia was engaged in a radical set of health reforms designed to restructure the entire health sector. The CBOH had to hold periodic meetings with donors (and with internal audiences) to present its strategic vision of health reforms and results to-date. The CBOH was not particularly effective and USAID asked POLICY to provide assistance to help the CBOH develop a capacity to present its vision of health reforms and accomplishments. Although the activity does not fit easily into the project results framework, this was the dominant activity in the early years of the project, and POLICY expended considerable time and resources (including core resources) in assisting the CBOH. In fact, the capabilities of CBOH in this area rose significantly, although the overall government emphasis on the health reform diminished over time.

ZIMBABWE

Background. HIV/AIDS incidence in Zimbabwe continues to be among the highest in the world. The National AIDS Coordination Program (NACP) began leading efforts in 1994 to formulate a comprehensive national HIV/AIDS policy. Since then, the NACP has been plagued by a lack of political support, inadequate resources, low morale, and high staff turnover. The National Policy on HIV/AIDS for Zimbabwe was finally launched in December 1999. Despite many obstacles, the policy development process was highly participatory, with the NACP convening a steering committee and conducting group meetings with stakeholders and community leaders nationwide. In early 2000, the National AIDS Council was established with a mandate to strengthen the multisectoral response to HIV/AIDS.

Objectives. POLICY's work in Zimbabwe focused on HIV/AIDS activities with the NACP and family planning work with the Zimbabwe National Family Planning Council (ZNFPC). Activities were intended to mobilize financial resources for FP/RH, enhance capability to plan and carry out FP/RH advocacy efforts, and increase the use of reliable information in policy and program development.

Partners. POLICY worked closely with the NACP, including its national HIV/AIDS policy formulation committee, to build capacity for advocacy in support of the national policy. POLICY also worked with the ZNFPC to develop family planning advocacy materials and provide advocacy training.

Types of TA. POLICY assistance focused on developing and conducting advocacy training in HIV/AIDS and family planning, particularly in support of Zimbabwe's national HIV/AIDS policy. Additional assistance was provided to develop HIV/AIDS and family planning advocacy materials.

Highlights of Country Activities and Results. POLICY's application of the AIM in Zimbabwe culminated in the official launch of *HIV/AIDS in Zimbabwe* in September 1998. Eight thousand copies of the booklet were distributed in Zimbabwe in association with the launch. Subsequently, POLICY conducted four advocacy training workshops between November 1999 and July 2000 for staff of the NACP and ZNFPC, using three training approaches: training of advocates, advocacy TOTs, and technical backstopping by POLICY staff at a workshop conducted by newly trained trainers. It is expected that new trainers will be able to conduct advocacy training at the district level.

POLICY worked with the NACP, its steering committee, and advocacy trainees to develop a user-friendly version of the national HIV/AIDS policy and the strategic framework (a booklet and a set of overhead transparencies). Stakeholders who were trained as advocates from each of Zimbabwe's regions helped develop these materials. The national HIV/AIDS policy reflects much information from Zimbabwe's AIM, which NACP developed in collaboration with POLICY. POLICY supported the printing of 2,000 copies of the booklets and 65 sets of overhead transparencies for use by NACP and trained advocates.

POLICY also collaborated with the ZNFPC to produce *Family Planning in Zimbabwe: Challenges in a Changing Environment*, which shows the need for continued family planning in the context of the HIV/AIDS epidemic. POLICY designed a graphics presentation to accompany each of these documents.

In 1999, the government proposed a three-percent levy on income to be used for HIV/AIDS programs. The proposal met with resistance from the Trade Union Movement and civil society. One group trained in advocacy by POLICY, composed primarily of persons with AIDS, launched an advocacy campaign using the skills, information, and advocacy messages developed during their POLICY training. They were successful in neutralizing the campaign against the AIDS levy, and the levy was passed. The trade union and civil society invited persons with AIDS to form a coalition with them to work together to advocate for transparency in the management of the AIDS Levy/National AIDS Trust Fund.

ASIA/NEAR EAST (ANE)

BANGLADESH

Background. The Bangladesh population and health program is at a crossroads. While tremendous progress has been made in the past two decades in providing population and health services, many challenges remain. These include the integration of family planning and health services, expansion of services to a substantially larger population, improvement of the quality of services, and efficient use of limited resources. USAID/Dhaka, a major contributor to Bangladesh's family planning programs, launched a new six-year National Integrated Population and Health Program (NIPHP) of bilateral assistance to help the country meet these challenges. To complement the government's Health and Population Sector Program (HPSP), NIPHP's central focus is on expanded and improved service delivery through NGOs. To ensure that the U.S. investment in Bangladeshi population and health program achieves its full potential, policy-related work remains an integral part of this assistance.

Objectives. To improve sustainability of family health services and support systems in Bangladesh, POLICY focused on increasing the sustainability of the Bangladesh family planning program. Project activities sought to promote effective advocacy for FP/RH, strengthen collaboration among government and the NGO sector, and increase use of reliable information for program planning.

Partners. Throughout the past five years, POLICY staff have established close professional relationships with many high-level policymakers, key program managers, prominent university academicians, and representatives of NGOs and donor agencies. POLICY's partners within the Ministry of Health and Family Welfare (MOHFW) include the health and family welfare secretaries, the Planning Cell, the Health Economics Unit, the Management Change Unit, the Program Coordination Cell, the Directorate of Family Planning, the Directorate of Health Services, and the National Institute of Population Research and Training (NIPORT). Outside the government, POLICY's partners include International Center for Diarrhoeal Disease Research (ICDDR,B), Pathfinder International, John Snow, Inc., Population Council, Dhaka University, Human Development Research Center (HDRC), Bangladesh Social Marketing Company (BSCM), World Bank, World Health Organization, USAID/Dhaka, and Department for International Development (DfID).

Types of TA. USAID/Dhaka requested that POLICY provide TA to prepare new policy analyses and presentations in order to strengthen policymakers' support of the new family health approach and strategy, prepare a new tool to enhance program managers' and planners' capability in setting priorities and carrying out reforms, and promote collaboration between the government and NGOs. These new activities provided important and timely materials for the Mission, its partners, and the government of Bangladesh to address policy formulation, strategic planning and resource allocation, and community participation issues. POLICY provided valuable assistance to USAID/Dhaka in advancing policy issues central to the Mission's program, including fostering the implementation of operations research, incorporating data into programmatic decisions, promoting policy reforms, and strengthening coordination among partners.

Highlights of Country Activities and Results. POLICY collaborated with ICDDR,B to give a presentation to the National Population Council (NPC) on "The Bangladesh Family Planning Program: Achievements and Challenges" in May 1997. The audience included Prime Minister Sheik Hasina (Chair), the Cabinet, secretaries of all ministries, and selected population experts. It was the first meeting of the council under the new government, and the presentation helped reconfirm its strong family planning policy. POLICY collaborated with the BSCM to advocate for the use of condoms in preventing STD/AIDS. POLICY staff formed an effective coalition of government officials in different ministries and made the case for the prime minister. As a result, in May 1999, the government altered its policy to allow commercials regarding condom use to be aired on local TV programs for the first time.

In an effort to strengthen and improve the effectiveness of the national family planning program, POLICY staff and Bangladeshi partners developed two presentations on community participation in family health programs, one for community leaders and one for program managers, which they gave to NIPORT for comprehensive dissemination. In 2000, NIPORT conducted a total of 17 regional- and *thana*-level seminars for community leaders and officials on promoting community participation in essential services package (ESP) programs. Seminar participants recommended ways to improve community participation, and their recommendations were summarized in a report to be disseminated to community leaders and officials.

POLICY and its partners developed a Bangladesh family health ESP Model (December 1997–May 1999) to help NGO program managers and government planners allocate resources more efficiently for competing but essential public health interventions. As a result of this modeling activity, the secretary of the MOHFW officially endorsed the importance of setting priorities and approved using the ESP Model for planning and priority setting (May 1999). The MOHFW is training its staff to use the model application for central- and district-level budgeting and planning.

POLICY contributed to the Mission's inputs to the policy reform debate in the public health sector by providing evaluation data supporting integration of family planning and health services. In April 1999, in response to a request from USAID/Dhaka, POLICY used the ESP Model to compare the cost-effectiveness of the current NIPHP with that of its predecessor, the Family Health and Population Services Program (FHPSP). The FHPSP had a narrower family planning focus, whereas the NIPHP had broader maternal and child health content. Results of this exercise were reported to the Mission. From a cost-efficiency standpoint, the results strongly support the strategic change made by the Mission in the provision of family planning and health services.

ESP workshop participants also discussed alternative methods of collecting cost information for reproductive health programs. POLICY and the Health Economics Unit of the MOHFW sponsored the workshop, and HDRC conducted it. The workshop contributed significantly to policymakers' and planners' understanding of the importance of costing as part of the planning and financing of the delivery of the ESP in Bangladesh. Recommendations endorsed by participants and adopted by the workshop were forwarded to the MOHFW for follow-up action. More than 30 NGOs participated in another POLICY-sponsored workshop on the role of NGOs in the delivery of ESP services. The workshop focused on long-standing obstacles that were preventing the NGO sector from taking a more active role in delivering ESP services. Workshop participants gained a clearer understanding of the issues and formulated both immediate and long-term strategies for dismantling the obstacles. The HDRC prepared an action plan designed to foster closer collaboration between the government and NGOs and submitted it to the MOHFW.

EGYPT

Background. During the late 1990s, the population sector in Egypt experienced a great deal of upheaval. Responsibility for the population sector shifted from the National Population Council (NPC) to the Ministry of Health and Population (MOHP). It was an opportune time for POLICY to influence the population sector and family planning program. POLICY activities responded to a need to improve Egypt's institutional structure, devise strategies to address critical issues, and build the capacity of organizations involved in the population sector. Activities also sought to renew Egyptian policymakers' commitment to FP/RH and focused primarily on improving the policy environment in Egypt.

Objectives. In an effort to reduce fertility and support the Mission's goal of achieving replacement-level fertility by 2015, POLICY conducted activities to improve the policy environment for FP/RH programs, promote effective advocacy for FP/RH, strengthen collaboration among government and NGOs, and increase information use in policy and program development.

Partners. POLICY partners in Egypt included the MOHP/Population and Family Planning Sector, NPC, Egyptian universities, NGOs, USAID/Cairo, and other donors. POLICY engaged a long-term advisor in October 1997 to act as liaison among the partners and as advisor/coordinator for all POLICY activities.

Types of TA. While counterparts had adequate staff and experience, they were unwilling to cooperate with one another. POLICY facilitation, which was critical in opening the dialogue on family planning policy issues, was necessary throughout the life of the project. POLICY assistance included training in policy analysis and SPECTRUM, facilitation of intersectoral workshops, publication and dissemination of research, and assistance in strategic planning and advocacy.

Highlights of Country Activities and Results. POLICY conducted the PES in Egypt for four consecutive years. In addition to the confidence developed in the methodology, the trend analysis shows that Egypt's policy environment remained relatively stable from 1996 to 1999, at about two-thirds the optimal level. The "Political Support" component consistently scored highest, followed by the "Legal and Regulatory" component. "Program Components" and "Program Resources" scored the lowest, along with "Organizational Structure." President Mubarak spoke of the need to stabilize population growth, alleviate poverty, and create more job opportunities for the growing work force. For the first time, the president referred to future population size in his speeches and projected the number of laborers, new jobs required, and students.

POLICY assisted in formulating the National Population Policy, according to guidelines in the ICPD *Programme of Action*. The project prepared presentations and helped prepare population projections and design monitoring and evaluation indicators for incorporation in the policy. POLICY also continued to provide assistance with the governorate-level strategic planning process by assisting in planning, developing new strategic planning methodologies, and evaluating the activity. Between September 1995 and September 1998, the NPC prepared governorate-level strategic plans for the population sector in 23 of Egypt's 26 governorates. As of December 1998, governors of all 23 governorates had formally adopted the strategic plans. POLICY also participated in developing the National Strategy for IEC in reproductive health and facilitated the formation of groups for raising awareness of population issues among university students. The Minister of Youth agreed to include this activity in its action plan.

POLICY introduced the concept of advocacy in Egypt in 1997. In NPC, natural leaders advocacy groups were formed in nine governorates. The groups' family planning advocacy efforts were successful in establishing nine family planning centers in four governorates; increasing mobile clinic visits to villages to twice per month in five governorates; and opening health units and providing equipment in six

governorates. Other advocacy efforts succeeded in reducing adult illiteracy and improving programs for the environment, youth, and social work. POLICY prepared a report to evaluate the impacts through these advocacy activities. POLICY trained leaders in the nine governorates using Networking for Policy Change: An Advocacy Training Manual, which the project had translated into Arabic.

At the governorate level, the strategic planning team included NGO representatives from the Egypt Family Planning Association (EFPA) and Clinical Service Improvement (CSI) in the development of governorate strategic plans. Other team members included representatives from government ministries and the NPC. During a POLICY workshop, NPC and MOHP members devised a curriculum for strategic planning at the regional level. MOH directorates and the EFPA developed three action plans under the Egypt Population Program for three Upper Egypt governorates—Aswan, Ouena, and Sohag. The plans are now being implemented. The MOHP and all of the Upper Egypt NGOs attended an effective partnership workshop in Cairo.

POLICY and POPIV conducted three two-day workshops on policy analysis and strategic planning for 60 participants. All MOHP/Population Sector staff, as well as members of NGOs and universities, attended the workshops. Furthermore, all family planning directors in the governorates were trained in policy analysis and presentation development. POLICY conducted a workshop on monitoring and evaluation for Upper Egypt MOHP staff and assisted in developing a reproductive health indicators framework for the MOHP. The project also provided training in population dynamics, SPECTRUM, and presentation skills for five persons from each of the 13 ministries conducting population activities in Egypt. Those trainees selected were responsible for implementing the national population policy in their ministries.

NPC advocacy activities resulted in donations from private and public sources (e.g., 15,000 LE and land for building a school, a kindergarten, and a clinic). The project also carried out a study to estimate the costs of family planning activities that received funding from the public sector between July 1, 1997 and June 30, 1998 and to determine the cost per couple-year of protection (CYP). Study results may be used to enhance planning efforts to make Egypt's family planning program sustainable and help government policymakers and donor agencies make resource allocation decisions.

The POLICY report, "Policy Recommendations of Population Research in Egypt, 1994–1998," was well received by the NPC, which disseminated it during meetings held at MOHP, CSI, State Information Service (SIS), and Ein Shams University Medical School. For the first time, MOHP and NPC staff met to discuss the relevance of policy recommendations stemming from USAID-funded research to the future national plan for population research. POLICY reviewed comments and suggestions for further research and continued to prepare and deliver PowerPoint presentations to a wide range of audiences.

Frontiers in Reproductive Health used POLICY-generated information during four roundtable discussions for the media, and POLICY developed a database for monitoring relevant stories written by the participating journalists. The database showed that about 33 percent of the reproductive health articles in the Egyptian press in 1999–2000 were based on POLICY-generated information, a result published in an MOHP/UNFPA document. POLICY prepared a series of population projections, which the Mission used to update its strategy to estimate the future demand for maternal health and family planning services. USAID used the PES and other POLICY data in their annual reports. A USAID assessment team used POLICY documents to identify the population policy reform agenda. Other POLICY publications include an updated legal and regulatory analysis and an assessment of program effort in the governorates.

INDIA

Background. For four decades, India employed a quantitative method, family planning target approach to improve contraceptive prevalence and reduce fertility rates. Policymakers realized that an integrated approach based on client needs with emphasis on quality FP/RH services should be the focus of program strategies. This shift in emphasis led to the abolition of quantitative targets for family planning and introduced a community needs assessment approach. Given the country's size and the magnitude of complex issues, India cannot have one specific program implementation approach for the entire country. Decentralized policies and programs and sustainable innovative approaches need to be encouraged and developed to solve problems at local levels. Also, more financial resources are needed, along with improved efficiency in the use of resources already allocated.

Objectives. To reduce fertility rates in the northern states of India, which have a total population of about 400 million, USAID engaged POLICY assistance to improve political support to FP/RH policies, assist in the formulation of new population policies, identify operational policy barriers to high-quality FP/RH services, prepare decentralized district action plans, and prepare strategies to scale up activities of innovative projects in the private and NGO sectors. POLICY worked with four state governments to develop state-specific policies and assisted the USAID-funded Innovations in Family Planning Services (IFPS) Project in Uttar Pradesh in realizing its primary objectives.

Partners. POLICY partners in India included various state government departments in Andhra Pradesh, Madhya Pradesh, Maharashtra, Rajasthan, and Uttar Pradesh; and research institutes, such as the Indian Institute for Health Management Research, Jaipur; Centre for Health Policy and Research, Pune; Centre for Population and Development Studies, Hyderabad; Population Foundation of India, Delhi; Bhartiyar University, Coimbatore; Operations Research Group, Delhi; A.C. Nielson, Delhi; and Mode, Delhi; and the Society for Innovations in Family Planning Services Project Agency (SIFPSA), the implementing agency of the USAID-funded IFPS Project in Uttar Pradesh. In addition, POLICY coordinated activities with other CAs, such as AVSC, CEDPA, INTRAH, Population Council, and JHU/PCS.

Types of TA. POLICY conducted surveys to collect primary data on various issues of critical importance; analyzed secondary data; prepared reports, briefs, and online presentations; used SPECTRUM packages to educate key decision makers; printed and circulated research reports to more than 200 individuals and institutions; conducted workshops and consultation meetings; coordinated activities of various departments; imparted training on decentralized planning; and participated in meetings and workshops conducted by other partners.

Highlights of Country Activities and Results. POLICY prepared three online population presentations: Issues and Challenges; Population and Development; and Reproductive Health Issues for Andhra Pradesh Policymakers. POLICY assisted the Andhra Pradesh government in drafting the population policy for the state; printed and distributed 10,000 copies of the policy; prepared an audio-visual presentation on the new population policy; and conducted six workshops to disseminate the policy to various stakeholders, such as women groups, NGO representatives, legislators, health staff, and development officers. The government of Andhra Pradesh allocated an additional Rs 300 million to implement the policy.

POLICY commissioned 20 background research papers to identify policy-related issues in Rajasthan and prepared a booklet in Hindi and English, "Population of Rajasthan: Issues and Challenges." The project prepared an online presentation of population policy issues for the Council of Ministers and conducted two workshops involving public and private sector policymakers. As a member of the government-constituted committee to draft the state population policy, POLICY contributed substantially to the formulation of the policy and its approval process. The Council of Ministers approved the Rajasthan

Population Policy, after which POLICY prepared two audio-visual presentations to disseminate the policy, printed and circulated 5,000 copies, and conducted six workshops for 250 key stakeholders at state and regional levels. At the request of the Rajasthan government, POLICY conducted two major studies, one on organizational structure and the other on RH financing in Rajasthan, and two workshops to share study findings with decision makers.

In Madhya Pradesh, POLICY conducted a two-day workshop and commissioned 15 research papers to identify population and reproductive health policy issues; prepared a booklet and online presentation, "Population Issues And Challenges," using SPECTRUM; and published the Madhya Pradesh "Population Policy Workshop Proceedings," circulating it to all decision makers. POLICY is a member of the committee constituted by the government of Madhya Pradesh to draft population policy. The project conducted a second workshop for senior government administrators of all development departments to share the draft policy document. Based on comments, the policy document was finalized and submitted to the Cabinet for approval. The government of Madhya Pradesh approved the population policy, and it was printed and distributed to 10,000 stakeholders in the state. POLICY also prepared an audio-visual presentation and several spots to disseminate the policy through the Madhya Pradesh government-owned, narrow-cast TV network. The Madhya Pradesh government provided Rs 100 million for policy implementation.

POLICY conducted a three-day workshop on population policy issues in Uttar Pradesh for approximately 100 participants from across the country. During the workshop, 28 papers were presented on various FP/RH issues pertaining to Uttar Pradesh. As a member of the committee constituted to formulate population policy of Uttar Pradesh, POLICY played a key role in drafting the document and sharing the draft with NGO representatives, officers of health department, secretaries of other development departments, and other stakeholders. After POLICY redrafted the policy document based on stakeholder comments, Uttar Pradesh's government approved it on July 8, 2000.

POLICY conducted 16 rapid assessments of innovative projects funded by SIFPSA in Uttar Pradesh. The Aasra series was printed on successful projects and circulated to key decision makers. As a result, the SIFPSA rapidly expanded these projects, as well as projects sanctioned in private sector.

POLICY conducted three contraceptive marketing studies and prepared four online presentations to share study results with private sector contraceptive manufacturers, social marketing organizations, SIFPSA representatives, and other professionals in a series of consultative meetings. The project prepared a marketing plan to market oral pills and condoms in rural areas of Uttar Pradesh. SIFPSA and USAID sanctioned Rs 50 million to Hindustan Latex Limited for the commercial marketing of contraceptives in rural areas of Uttar Pradesh.

Operational policies are major barriers to effective service delivery in Uttar Pradesh. POLICY conducted 10 major studies and prepared 21 papers on specific aspects of operational policies and shared the findings in various workshops and consultation meetings. As result of these efforts, the Uttar Pradesh government agreed to streamline the logistic systems and management information systems in the state.

POLICY promoted decentralized planning for quality FP/RH services in Uttar Pradesh. With help from POLICY, the government and SIFPSA developed the first district action plan for the Rampur District in 1997. Realizing the importance of decentralized district action plans, SIFPSA and the Uttar Pradesh government expanded activities to five more districts. POLICY and its partners helped prepare the plans for all districts following the well-established participatory processes involving stakeholders at all levels. POLICY also conducted a rapid assessment of the implementation of district action plans and published a report on decentralized planning.

In March 1996, India decided to eliminate quantitative targets. POLICY tracked the implementation of the target-free approach in three states and conducted a national seminar on experiences of implementing the target-free approach. As a follow-up, POLICY reviewed the implementation of the community needs assessment approach in nine states and prepared the reports.

INDONESIA

Background. Indonesia's economic and political crisis has had a significant impact on the health sector, particularly on the provision and use of essential health services. Political and economic strife have led to dramatic social consequences, including development of a social safety net to mitigate the impact of the crisis on health for the most vulnerable sections of the population. Accordingly, financial and technical assistance to the Indonesian government during this period focused on reducing the impact of the crisis through the development of effective policies to protect the poor, crisis-responsive policies to sustain previous gains made in health status, and broader strategies to strengthen institutions for recovery.

In addition, recent legislation may dramatically alter the context in which government institutions operate. Significant legislation includes Laws 22 and 25, which cover administrative and fiscal decentralization and have the potential to strengthen democratic institutions at the district level and enhance public sector accountability, among local government service providers and local legislatures. The president committed his new government to regional autonomy and a reduced role for Jakarta-based agencies and enabled communities to assume responsibility for social welfare. Although details are still uncertain regarding the future role of the state and the legal framework for regional autonomy, it is clear that the role and function of central ministries and agencies will change.

Objectives. POLICY sought to protect the health of the most vulnerable groups and children in Indonesia by focusing on strengthening the FP/RH policy environment and supporting monitoring and surveillance of essential health services during the economic crisis. To maintain Indonesia's Social Safety Net of FP/RH services for citizens at or below established poverty levels, POLICY activities were designed to promote effective planning for FP/RH, increase information use in policy and program development, and expand the critical information base.

Partners. POLICY counterparts in Indonesia included the National Family Planning Coordinating Board (BKKBN) and the Ministry of Health (DepKes) in five departments and two provinces. Local partners included independent local consultants; the Institute of Demography, University of Indonesia; the Department of Psychology, Gajah Mada University; Price Waterhouse Coopers; and Taylor Nelson Marketing Research. Partners outside Indonesia included a Philippine consultant; POLICY/Philippines; and the Philippine Population Commission and Ministry of Health. POLICY/Indonesia had one expatriate resident advisor, one expatriate health sector manager, and two local technical advisors.

Types of TA. POLICY facilitated a range of technical assistance: training in the Demand Fulfillment Cost Model; training in policy analysis; a (research) priority-setting workshop; advisory support to DepKes's health research and development institute for researching and editing reports on the impact of the crisis; contracting of academic expertise in various research areas; facilitation of ministerial-level strategic retreat; and strategic planning support to BKKBN. In addition, POLICY provided technical support to numerous workshops both in BKKBN and DepKes and support to a multidisciplinary policy management group in BKKBN.

Highlights of Country Activities and Results. POLICY facilitated a high-level retreat to assist BKKBN staff in developing a new vision and writing mission statements, which lead to more effective strategic planning for BKKBN. This activity was followed up by the acquisition of a senior advisor who worked closely with the senior management team to develop policy briefs for specific program areas and an in-depth strategic analysis for BKKBN for the next 15 years.

POLICY helped improve planning for decentralized FP/RH programs by conducting an observational study tour to the Philippines for BKKBN senior staff to examine lessons learned from decentralized

FP/RH programs. Planning for decentralization was further supported by the completion of a pilot project that improved the capacity of regional program managers and other regional partners to develop appropriate population plans.

POLICY also improved planning for FP/RH by providing training to technical staff in the use of the Demand Fulfillment Cost Model in 11 provinces and conducting an independent evaluation of the training program in August 1999. This training resulted in a modification of targets in provincial plans to reflect the model's findings, thus enhancing the ability of regional managers to identify priority areas for the use of resources to maintain or increase basic FP/RH services.

POLICY held provincial workshops to improve planning for the DepKes's crisis monitoring and response activities. The workshops resulted in the establishment of 22 functioning Health Crisis Response Centers throughout Indonesia. Continued support and collaboration with DepKes in Central Java and South Sumatra strengthened surveillance and reporting from the field and strategic and local planning in crisis response.

POLICY established a Policy Management Group (PMG), which developed a unique process to link important research findings in FP/RH to the policymaking process. The PMG analyzed more than 10 principal research initiatives in FP/RH, the recommendations from which have provided a policy foundation for key areas of BKKBN's program during the crisis period.

POLICY worked closely with the DepKes's National Institute of Health Research and Development (Litbangkes) to strengthen its capacity to analyze the impact of the crisis on health services and develop policy options for senior decision makers. Policy analysis training strengthened capacity to analyze current policy issues.

POLICY supported research in several critical areas regarding the use, quality, and sustainability of FP/RH services. A few specific examples include (1) the Cicilan Study, which focuses on sustainability issues through a feasibility study on alternatives for financing and promoting private sector FP/RH participation; (2) tracking surveys, which focus on the periodic collection of service delivery data related to the price, availability, and distribution of contraceptives, essential drugs, and medical supplies throughout Indonesia during the economic crisis; (3) Impact of Crisis on Health Services (February 1999–December 1999), which synthesizes more than 150 crisis-related research documents, resulting in four focused reports on the impact of the crisis on the DepKes's delivery of services; (4) health research inventory that analyzes current research resource flows for the health sector, including FP/RH; and (5) a progressive parity ratio analysis to establish probability of achieving district and provincial fertility goals.

JORDAN

Background. Jordan has one of the highest population growth rates in the world (4.3 percent per year from 1979 to 1994). Family planning use has been increasing gradually. Currently, about 38 percent of married women use modern contraception. Among the barriers to greater contraceptive use are a poorly organized public sector program and the low status of women. Jordan adopted a national population policy in 1996; however, it was drafted in the early 1990s and was in need of revision. Furthermore, no plan existed to implement the policy. Several organizations are working to address women's issues, but their resources are limited. POLICY worked with the Jordan National Population Commission (JNPC) to update the national population policy and conduct research for an implementation plan. POLICY also worked with several women's organizations, particularly the Princess Basma Women's Resource Center (PBWRC), to enhance their capability to build networks, raise awareness about women's status, and conduct research on high-priority women's issues.

Objectives. POLICY's main objective in Jordan, to improve the policy environment for FP/RH, supported USAID/Amman's objective of improving access to reproductive and primary health care and improving the quality of services. POLICY activities were designed to remove barriers to high-quality reproductive health services by strengthening political and popular support and improving the FP/RH policies and plans. POLICY specifically focused on increasing the participation of Jordanian women in the policy process and improving planning within the FP/RH program.

Partners. POLICY partners in Jordan included the JNPC, PBWRC, and the National Forum for Women. POLICY had two long-term advisors—a resident advisor for policy and a participation advisor.

Types of TA. POLICY assisted the NPC in developing reproductive health goals, drafting the revised national population policy, estimating the service and resource requirements to achieve the goals of the policy, conducting research necessary to develop an implementation plan, analyzing the gender impact of the population policy, and assessing the policy environment. Assistance to the PBWRC and other women's organizations consisted of conducting TOT workshops in advocacy and participation, developing and implementing a research program on women's issues, raising awareness on the status of women, and developing a reproductive health network. POLICY also worked with the Mission to create an endowment for the JNPC, which the government approved in late 1999.

Highlights of Country Activities and Results. POLICY worked with the JNPC to develop a RAPID presentation designed to demonstrate the impacts of rapid population growth on social and economic development for use in making presentations to government ministries, parliamentarians, military departments, and other influential audiences. POLICY also supported observational travel for members of parliament to visit Egypt to see how the population program functions there.

Through JNPC, UNFPA, and POLICY efforts, the National Population Strategy was revised to incorporate a reproductive health focus to include the most recent demographic, social, and economic information. The revised strategy was released in December 1999. POLICY assisted in expanding the information base for the population policy and implementation plan by conducting research on reproductive health goal setting, resources required to achieve the goals, market segmentation, unmet need, expenditure on public sector family planning services, and the cost-benefits of adding family planning services to private sector insurance coverage. In addition, POLICY assisted in improving understanding of the policy environment by applying the PES in 1998 and 2000 and assessing barriers to improved services.

The project worked with the Jordanian National Forum for Women (JNFW) and PBWRC to conduct and stimulate advocacy activities, including training for JNFW and PBWRC members/volunteers in

facilitation and training skills and advocacy. To increase women's participation in the policy process, POLICY staff conducted a two-week TOT in political participation, and nine regional workshops for members of the JNFW. A small grant was provided for mini-workshops to increase women's participation in municipal elections.

POLICY provided the NPC, JNFW, and other NGOs with technical assistance and training in gender assessment, development of gender-sensitive policies, and advocacy to strengthen their participation in ensuring that the revised National Population Strategy incorporates appropriate gender concerns. POLICY and the PBWRC developed a computer presentation on women's status in Jordan. Representatives of the PBWRC, JNFW, JNPC and POLICY/Jordan disseminated the presentation to multisectoral regional workshop participants and national decision makers.

POLICY assisted the PBWRC in developing and implementing a women's research program. Assistance included developing a database on existing research, conferring the partners to develop a research agenda, selecting issues for immediate funding, soliciting proposals, evaluating proposals, contracting with selected organizations, reviewing completed research, and disseminating results. POLICY also supported the PBWRC in overseeing a research project with the Middle East Marketing and Research Consultants, titled "Women's Participation in the 1997 General Elections as Voters and Candidates."

MOROCCO

Background. Morocco has had a national family planning program for more than 35 years and has made impressive gains since its adoption. The fertility rate dropped from 7.0 in 1962 to 3.1 in 1997, and contraceptive prevalence increased from 19.4 percent in 1979–1980 to 58.8 percent in 1997. Oral contraceptives constitute the primary method used (70 percent of all methods in 1997), and nearly two-thirds of oral contraceptives are supplied by the public sector. Despite the program's success, the rural population is 10 years behind the urban population with respect to contraceptive use. Furthermore, the costs of expanding the program to accommodate a growing population and to reach out to underserved groups cannot be borne by the public sector alone. POLICY assisted the Moroccan government in reshaping its national MCH/FP program to reflect reproductive health services as envisioned in the ICPD *Programme of Action*. Following a POLICY-supported study, the government was also adopting market segmentation, encouraging the private sector to provide comprehensive FP/RH services to appropriate populations, and reaching out to others to share the costs of expanding the program. An important factor in restructuring the program is that USAID, the primary donor for almost 30 years, is phasing out its assistance, significantly decreasing its annual contribution, and focusing on decentralization and private sector involvement to achieve sustainability.

Objectives. To improve the policy environment in Morocco, USAID/Rabat is striving to reduce fertility and improve the health of children under five and women of childbearing age. The Mission formed an ad hoc policy committee to prepare an agenda to increase sustainability of the national reproductive health program, with a focus on decentralization and the private sector. POLICY activities supported the Mission's activities by seeking to improve the regional policy environment for FP/RH programs, expand regional public-private sector dialogue, promote effective regional planning for FP/RH, contribute to the use of reliable data in decision making, and make available accurate and appropriate health and demographic data.

Partners. POLICY activities were designed and implemented in close partnership with many public, private, and NGO representatives at the central, regional, and provincial levels. Primary partners included MOH's Population Directorate, Planning and Financial Resources Directorate, and Center for Demographic Studies and Research; the Higher Commission on Population; the *Wilaya* (office of the *Wali*, or governor) of Souss-Massa-Draâ (SMD); the regional council, regional and provincial health delegation of SMD, and the private general practitioners' association. POLICY also supported activities that involved more than 300 local NGOs in SMD active in development, health, gender, or water.

Types of TA. POLICY provided training, facilitated communications among counterpart institutions, organized and financed workshops, prepared and printed analytical workshop reports, and collaborated on studies. It also engaged experienced local consultants to provide technical assistance, serve as workshop moderators and facilitators, and write reports. Assistance took the form of SPECTRUM training sessions; FamPlan applications; a market segmentation analysis; organization and facilitation of conferences at the national, regional, and provincial levels; and organization and facilitation of roundtables with NGOs.

Highlights of Country Activities and Results. At the national level, the MOH used results from the FamPlan model to develop national family planning objectives that were included in Morocco's national Five-Year Plan (1999–2003). The objectives were generated during a POLICY SPECTRUM training session and a weeklong follow-up session to apply the FamPlan model and analyze the results. Another POLICY accomplishment in Morocco was the implementation of a market segmentation study, based on the Moroccan DHS, which was subsequently incorporated by the MOH with POLICY assistance into a public-private sector workshop (Marrakech) to identify objectives for a public-private partnership. The MOH ultimately collaborated on finalizing the market segmentation study and requested it be printed as a joint publication.

At the regional level, a POLICY-supported public-private workshop resulted in the creation of a population and reproductive health committee within the regional council of SMD. Also in the region, a series of NGO roundtables resulted in the identification of NGO representation within the regional intersectoral partnership. Finally, a national conference on financing reproductive health programs, held in Tangiers, helped revitalize the operations of the Higher Commission on Population.

Before each national and regional workshop or NGO roundtable, POLICY staff and consultants collaborated with counterparts in carrying out fieldwork to ensure that the objectives and program were responsive to participants' needs and that the methodology used for achieving workshop objectives would be effective. Following each workshop, POLICY staff, consultants, and counterparts discussed implications of workshop proceedings and conclusions and prepared final reports.

NEPAL

Background. The unstable political environment in Nepal poses a serious challenge to USAID/Katmandu's objectives of reducing fertility and improving maternal and child health. Since democracy was restored in 1990, the country witnessed eight prime ministers and challenges to each new government. Within this environment, POLICY worked to strengthen the government's policymaking process in support of USAID/Katmandu's objectives.

Objectives. POLICY activities placed emphasis on encouraging information-based decision making for policy and program development. The project contributed to the Mission's goals of reducing fertility and improving MCH by conducting activities to strengthen political and popular support for FP/RH, promoting the use of reliable information in policy and program development, and encouraging collaboration among government and private sector organizations to support population policies and programs.

Partners. POLICY partners in Nepal included the Family Health Division of the MOH; the Ministry of Population and Environment (MOPE); New ERA, a social science research firm; Media Alert and Relief Foundation; and Reel Images.

Types of TA. A large component of POLICY assistance in Nepal responded to the need to develop the capacity of the newly formed MOPE as a policymaking body. To this end, POLICY assisted MOPE in developing national and district-level demographic projections and sectoral projections, and trained representatives from MOPE and the MOH in developing effective policy tools to build support for FP/RH. POLICY also conducted advocacy training to build the capacity of local counterparts to engage in policy advocacy and dialogue with a variety of audiences and assisted the MOH in setting priorities for reproductive health service delivery.

Highlights of Country Activities and Results. POLICY supported a MOPE initiative to update Nepal's mid-range demographic projections and develop sectoral plans based on the updated projections. This activity was designed as a collaborative effort to include a wide range of expertise and create consensus regarding a new set of projections. A steering committee, chaired by the MOPE minister, and a working committee, chaired by the MOPE secretary, were established to guide the process and ensure that the new projections have the consensus of all stakeholders. The committees included representatives from MOPE, the MOH, the Ministry of Education, the Central Bureau of Statistics, the National Planning Commission, and Tribhuvan University's Centre for Population Studies. Because the projections were prepared by multisectoral working groups, Nepali leaders of this activity view it as an opportunity to incorporate intersectoral thinking and research in a central decision-making body's plans. Furthermore, the projections will facilitate a multisectoral approach to population planning because all projections are based on the same population projections.

Population projections became MOPE's first major policy contribution. In July 1998, the Minister of Population and Environment presented revised national and district-level projections to the prime minister on World Population Day. On its own initiative, MOPE disseminated outcomes of the analysis through three articles in its *Population Journal.* Furthermore, the new projections, officially approved by the National Planning Commission, became the basis for the Ninth Development Plan (1997–2002). Both the population and sectoral projections have been used in MOPE's annual planning cycle.

POLICY supported one of the migration goals in Nepal's Ninth Development Plan by working with New ERA in June 2000 to conduct a comprehensive study of international migration. New Era presented study findings and recommendations during a half-day meeting organized by MOPE. High-level officials from the Ministry of Home, Ministry of Foreign Affairs, Ministry of Local Development, Ministry of Law and Justice, MOPE, the National Planning Commission, and Tribhuvan participated in the meeting.

POLICY directly supported the MOH and its commitment to improve the reproductive health of women in Nepal through two activities. First, building on a long-term activity with the Family Health Division (FHD), POLICY provided assistance and training for counterparts to develop presentations, videos, and booklets based on the RAPID model and a cost-benefit analysis of the national family planning program. The RAPID analysis is an update of a previous version, based on the new Nepal Family Health Survey (NFHS) and released in 1996. These policy tools have been used to foster discussions among regional and local service providers and among journalists through TV broadcasts, workshops, and tailored presentations.

POLICY also supported the MOH through an application of the Columbia University Framework to set reproductive health service priorities. Within the framework of the *National RH Strategy*, POLICY supported the collection of data regarding Nepal's reproductive health problems and potential interventions to provide a comprehensive profile of the reproductive health situation in Nepal. As a part of the process to set priorities, government, NGO, and private sector representatives met in October 1998 to review this data profile to identify future appropriate directions for the program. The priority-setting process was a unique step in Nepal's health program. While implicit priorities are set through resource allocation decisions every day, this activity gave the Department of Health Services an opportunity to evaluate its explicit priorities with the National RH Strategy. In addition to "priorities" for the government's own resources, the process was designed to yield a consensus that the government could use as a coordination mechanism among the many donors supporting reproductive health. Moreover, the broad participation in the workshop contributed to ownership of the strategy, which had not yet been disseminated outside of the FHD.

At USAID's request, POLICY provided funding to the Media Alert and Relief Foundation to complete the postproduction and dissemination of a feature film on girl trafficking. Through dissemination of the film, awareness was raised among local leaders and community groups about trafficking as a gender issue, the importance of women's empowerment and girls' education, and the impact of stigma and discrimination against people infected with HIV/AIDS. To date, the film has aired in five cities, and more than 16,000 tickets have been sold. Evaluation results indicate that the discussion forum held during the regional premieres successfully raised awareness about the key issues raised in the film. For example, some 84 percent of participants learned new information about girl trafficking and 58 percent learned new information about HIV/AIDS. POLICY also developed a facilitator's guide, a companion tool for the video, so that the video could be used as an educational tool among grassroots audiences.

PHILIPPINES

Background. High fertility and rapid population growth are major obstacles to economic growth in the Philippines. For years, government leaders failed to confront these problems. Furthermore, scarce resources, inadequate technical capabilities, and civil society defiance plagued policy formulation at the national and local levels. Dependence on foreign support for the implementation of a population program has undermined the true commitment and political will on the part of the government to initiate policy actions. The challenge, therefore, is to advocate for government budgetary support. Such support would signify that political leaders have recognized the urgent need to manage rapid population growth, address it with a government-initiated program, and take financial responsibility to ensure its success. The government faces other challenges too, including combating a declining contraceptive prevalence rate and, as USAID phases out its assistance, filling the gap in contraceptive supply.

Objectives. POLICY supported the Mission in reducing total fertility and improving MCH by providing an enabling environment in which public sector provision of FP/MCH services was targeted to the poor and in which private sector provision of contraceptives and FP/MCH services was substantial. POLICY's specific objectives included developing national and subnational policies, guidelines, and plans in support of population and FP/RH and mobilizing financial and other resources for FP/RH needs. POLICY activities focused on building support for government efforts to address contraceptive phaseout by forging institutional partnerships, conducting policy research, and promoting effective advocacy.

Partners. POLICY partners included national (NGAs) and local government agencies, such as the Department of Health (DOH), the Commission on Population (POPCOM), the National Economic Development Authority (NEDA), and the Local Government Units (LGUs); and NGOs, such as the Philippine NGO Council on Health and Welfare (PNGOC) and the Philippine Legislative Committee for Population and Development (PLCPD). POLICY also collaborated with academic and research institutions to conduct research studies. These institutions included the University of the Philippines Population Institute (UPPI), the School for Urban and Regional Planning (SURP), the Social Development Research Center (SDRC), and the Center for Economic Policy Research (CEPR).

Types of TA. POLICY conducted research to increase the critical information base, generate data, and apply information in policy and program development and advocacy efforts. POLICY assisted national government agencies, such as POPCOM and DOH, in formulating strategic frameworks for the GOP's directional plans and in addressing population and FP/RH concerns. POLICY TA consisted of SPECTRUM analyses and research studies to generate demographic projections, contraceptive requirements, and a cost-benefit analysis to demonstrate the impacts of the family planning program.

Highlights of Country Activities and Results. POLICY conducted activities to strengthen the capacity of national government agencies, such as POPCOM and DOH, in formulating information-based population and FP/RH policies and programs. POLICY sponsored a series of capability-building workshops in policy analysis and data generation for POPCOM, the DOH, government agencies, and NGOs. POLICY helped POPCOM, the government's lead population policy formulation and advisory agency, define its results framework and achieve results. Through the creation of Results Management Units (RMUs), POPCOM was able to enhance its capabilities in conducting policy analysis and formulation, establish a critical information base, mobilize resources, foster partnerships with the private sector, and conduct advocacy efforts. POPCOM developed several revisions of the RAPID model and produced national plans, including the *Philippine Population Management Program: Directional Plan, 1996–2000 and 2000–2004; 1997–2000 PPMP Implementation Plans;* and the *National Family Planning Strategy, 1996–2000.*

Following two advocacy subcontracts (1998–2000) with POLICY, POPCOM's advocacy activities at the local level helped mobilize public and private organizations to advocate for increased political and popular support for the population and FP/RH program. This support led to deployment of resources and the allocation of funds for the program. In late 1999, the Local Advocacy Project (LAP) was implemented, a spin-off of POLICY's advocacy subcontracts with POPCOM. LAP's objective was to help broker partnerships for advocacy by garnering political and popular support at the local level to mobilize funds for the population and FP/RH program. Barely eight months later, three local government units (LGUs) generated $70,000 for population and FP/RH for the year 2000. LAP has spurred financial support from other LGUs and political support from congressmen. Moreover, POPCOM, PNGOC, and PLCPD have adopted LAP as an advocacy strategy worth replicating even in communities with strong partisan politics and defiant sectors such as the church.

POLICY also sponsored activities at the national level to mobilize resources for population and FP/RH. With POLICY assistance, POPCOM launched the Population Investment Program, an initial step in developing a national accounting system to improve tracking and planning for future financial resources and population/family planning expenditures. Based on results from the *National Family Planning Expenditures Survey*, which used 1998 estimates provided by POLICY and UP-SURP, the government plans to establish an accounting system for FP/RH that will provide credible figures for fund allocation and for the eventual allocation of an FP/RH budget line item.

Other than the Population Act of 1972, the Philippines lacks a national law responsive to ICPD guidelines and to the changing policy environment. POLICY strove to revise old strategies to hasten policy advocacy for the passage of the Integrated Population and Development Act of 1999 (Population Bill). POLICY sponsored an LGU survey and a political mapping survey to measure legislators' positions on specific population and FP/RH issues. The project also supported a survey of voters' perceptions on whether electoral candidates' support for FP/RH and population issues affects their chances of being re-elected. These advocacy efforts with PLCPD and POPCOM should bring forth champions for the bill beginning with the strong support of 21 representatives and a senator.

POLICY conducted three major research studies in 1998 on market segmentation in the private sector, the structure of the supply side, and users of public and NGO clinics. While striving to increase NGA funds during the economic crunch in 1998, these studies spurred the review of policies governing private sector participation in the population and FP/RH program. NGAs were then compelled to increase efforts to boost private sector participation. POLICY and POPCOM also launched an intensive campaign for policy reform regarding private sector participation in FP service delivery at the 1999 National Population Congress through the Private Sector Forum. A year later, these efforts came to fruition when the private sector was acknowledged as a key player in the new initiative for contraceptive independence.

The Contraceptive Interdependence Initiative (CII), instituted in early 2000, changed the policy environment by reshaping the government's approach to population and FP/RH. The underlying principles of CII were to identify the sectors involved and their respective roles in achieving contraceptive self-reliance (sustained program financial responsibility) in an environment of increased modern contraceptive prevalence. POLICY's role in formulating the CII was crucial. The project provided POPCOM with data, scenarios, and corresponding resource requirements for achieving desired fertility to present to the secretaries of the DOH and NEDA. These estimates were used extensively in proposing strategic frameworks and options that resulted in a resolution approved by the government to draft the CII. In drafting the CII framework, POLICY provided TA in consultative meetings to gather inputs and draw commitments from program stakeholders, namely NGOs, legislators, NGAs, and the private sector. In December 2000, the CII was formally launched in the National Population Congress. The event was a high point for many NGAs, collaborating organizations, and donor agencies in the population community. The CII should offer new opportunities for effective partnerships to achieve the government's objective of "well-planned, healthy, happy, and prosperous families."

EUROPE AND EURASIA (E&E)

KAZAKHSTAN

Background. Kazakhstan has the most decentralized and rapidly changing policy environment in Central Asia. Since independence, it has experienced radical changes in its government structure, including relocating the capital, merging oblasts and ministries, and decentralizing authority from the national to regional level. The population of Kazakhstan is approximately 15 million, comprising more than 100 ethnic groups, with ethnic Kazakhs and Russians constituting the majority at 53 and 30 percent, respectively. Since independence, population size has been shrinking as a result of emigration, declining birth rates, and increasing death rates. This decline is cause for concern as Kazakhs try to protect their borders and strengthen their work force and economy.

Objectives. In March 1998, POLICY was invited by USAID/Central Asia Republics (CAR), a regional Mission, to address its concern about the rapidly changing environment for FP/RH in Kazakhstan and the need to lower abortion rates by substituting modern contraception. USAID/CAR and POLICY identified a critical need for officials at the national and oblast levels to use data and information to improve understanding of the long-term consequences of the fertility-stimulating policies that were gaining momentum in government. To support the Mission and improve the policy environment for FP/RH programs, POLICY assisted in developing a national demographic and reproductive health policy; strengthening collaboration among government agencies, donors, the private sector, and NGOs; and increasing the use of reliable information in policy development.

Partners. POLICY's partners in Kazakhstan included eight government organizations responsible for population and health policy development, including the National Agency for Health, National Agency for Strategic Planning, National Agency for Statistics, Almaty Center for Human Mental Health, Kazakh State Management Academy, Ministry of Economy, National Committee on Women and Family under the President, and Republican Research Center for MCH. Combined, senior experts from these organizations formed what has become known as the Kazakhstan Interagency Working Group (KIAWG). POLICY also collaborated with UNFPA, which will carry on FP/RH policy development initiatives as USAID/CAR's new strategy is oriented toward broader primary health concerns. In June 1998, POLICY hired a local coordinator to staff the POLICY office in Almaty.

Types of TA. POLICY assistance included formal training in demographic theory and analytical approaches to policy analysis, informal technical assistance for policy development and dialogue; financial and logistical support for working group meetings; provision of international materials and experiences, and minigrant funding for the National Association of Ob–Gyns to publish two journals.

Highlights of Country Activities and Results. POLICY's primary activities included sponsoring a CAR regional workshop; providing training in SPECTRUM; raising awareness through development and dissemination of computer-based presentations for policymakers on population and reproductive health; and devising a new national reproductive health policy.

In September 1998, POLICY sponsored a CAR regional workshop, "FP/RH Policies during the Socioeconomic Transition." The centerpiece of the workshop was the report, "Replacement of Abortion by Contraception in Three Central Asian Republics" (POLICY-commissioned research by Macro International). The workshop, which brought together more than 100 distinguished officials from three Central Asian countries stimulated policy dialogue aimed at improving women's reproductive health. One outcome of the workshop was that an interagency group wrote an article in support of family planning for inclusion in the President's Policy for the Health of the Population of Kazakhstan (approved by the government in November 1998).

Also in November 1998, POLICY conducted SPECTRUM training and policy dialogue and analysis in Research Triangle Park, N.C., and Washington, D.C. POLICY also provided Russian language computer software and five computers to the senior technicians who participated in the training sessions. As a result, participants working in both policy dialogue and planning are now able to evaluate the impact of various FP/RH interventions in terms of health and development indicators, cost, and population dynamics. Key points brought to light during the SPECTRUM training sessions were as follows:

- The demographic goal of increasing population size to 25 million by 2030, set forth by President Nazarbaev, can be reached by improving the health of the population (by increasing life expectancy and decreasing infant and maternal mortality). Increasing the total fertility rate is not the most effective way to address this issue.
- Increased and improved family planning is the most effective way of improving women's reproductive health.

Showcasing the SPECTRUM results, training participants formed an interagency working group, later known as KIAWG, and lobbied the government for greater support of FP/RH. Through a series of awareness-raising presentations, the group disseminated accurate information on population dynamics to all major government institutions. As a result, the Agency for Demography and Migration abandoned its plans to implement a program to stimulate fertility, and instead decided to focus on attracting immigrants and improving the health of the population.

In April 1999, POLICY conducted a TOT workshop in SPECTRUM for the emerging KIAWG in Almaty and government agencies in the new capital, Astana. In Almaty, POLICY also assisted in developing presentations for policymakers. While in Astana, the KIAWG met with the chairman of the National Commission on Women and Families, who welcomed a formal linkage between KIAWG and the commission to prepare health and sectoral projections for national planning. Furthermore, in June 1999, the National Commission on Women and Families under the president officially recognized KIAWG.

Meanwhile, local staff continued to increase interest in policy dialogue on national demographic and reproductive health policy on several fronts. In August 1999, POLICY assisted the Agency on Demography and Migration in writing the article, "Demographic Situation in Kazakhstan," using the results of the KIAWG's projections as requested by the National Committee on Women and Families for its journal, which is read by parliamentarians and senior leaders. In September 1999, POLICY participated in the International Congress of Ob–Gyns held in the Republican Center for Research on MCH, further disseminating the presentation "RH in Kazakhstan: Achievements and Challenges." Also in 1999, POLICY and KIAWG contributed to UNFPA and Pathfinder's preparation of the "Handbook on FP/RH."

More recently, POLICY supported KIAWG in developing the National Reproductive Health Policy 2000–2010, which was vetted among parliamentarians in June 2000. The newly proposed policy corresponds to the "Kazakhstan 2030 Strategy," by elaborating a goal, principles, and measurable objectives for mortality (women, infant, children), fertility, and reproductive health-related morbidity. The National Committee on Women and Families will shepherd this proposed policy through the government system for formal promulgation.

ROMANIA

Background. Romania's legacy of coercive pronatalist policies under the Ceaucescu regime ended in December 1989, yet much of the population still relies on abortion as the primary method of controlling fertility. Modern contraceptive use has been low (14% in 1993 and 30% in 1999). Maternal mortality, especially abortion-related maternal mortality, ranked among the highest in Europe in the 1990s. The country's population has been declining continuously and fertility has been low (the total fertility rate was 1.8 in 1993 and 1.3 in 1999). Other reproductive health problems include an increasing incidence of HIV and STDs, and reproductive cancers as major causes of female deaths. The country has no reproductive health policy or national strategy. It does have a national family planning program consisting of a nationwide network of 241 family planning clinics; however, these clinics are often in urban areas. Scarce financial resources and numerous policy barriers restrict access to FP/RH services. Health reform and the shift to health insurance are providing numerous opportunities for policy change.

Objectives. To improve the health of women and children in Romania, USAID/Bucharest sought to improve Romanians' access to FP/RH services. POLICY supported this goal through its own objectives, which included mobilizing financial resources for FP/RH; assisting in the development of supportive policies, plans, and programs; contributing to effective advocacy; improving planning and financing; strengthening collaboration; and expanding the critical information base.

Partners. POLICY's primary partner for its public sector strategy was the MOH Department of Mother and Child. Other public sector partners included the College of Physicians (COP), National Health Insurance House (NHIH), Institute of Mother and Child, MOH Department of Budget, and members of parliamentary committees on health, family, and women. POLICY's main partner for its NGO strategy was the RH Coalition. Subnational partners included local health authorities, COPs, and insurance houses in three USAID priority *judets* (districts), and local coalition members. POLICY also worked closely with other CAs, including JSI, MSH, PCS, PSI, CDC, and World Learning.

Types of TA. POLICY/Romania activities evolved over the years, beginning in 1995 with awareness-raising and stakeholder-mobilization efforts. Assistance to the newly formed RH Coalition included training on data-based presentations and development of brochures and newsletters. POLICY created a press kit to train the media on reproductive health policy issues. The project began assisting the public sector in mid-1997; by 1998, project assistance focused on improving reproductive health coverage under health insurance, by supporting consensus-building forums, advocacy training, policy analysis comparing the cost of abortion vis-à-vis contraception, and development of graphic presentations on Romania's reproductive health challenges. As Romania began its health reform, the need for high-level advocacy led to the identification of policy champions from the public and NGO sectors. POLICY assisted the advocacy efforts of identified champions through the end of the project, providing NGOs with advocacy training and minigrants. In 1999, POLICY expanded its technical assistance to help partners in three USAID priority judets.

Highlights of Country Activities and Results. Initial POLICY assistance focused on the NGO sector and mobilization of key stakeholders for reproductive health dialogue. Stakeholder mobilization led to the formation of Romania's first-ever RH Coalition, composed of 11 NGOs and representatives from the media and public sector. In July 1997, a POLICY-assisted multisectoral forum of Romanian reproductive health experts passed a declaration urging government attention to reproductive health, paving the way for expanding POLICY assistance to the public sector, particularly to the MOH.

After Romania shifted to health insurance in February 1998, USAID requested POLICY assistance to ensure inclusion of FP/RH services in the benefits package. Project-assisted policy dialogue led to

consensus on the reproductive health services to be covered under insurance: family planning, pre- and postnatal care, breast/cervical cancer detection, and STD screening/treatment. The project also assisted policy champions in advocating for reproductive health coverage. POLICY awarded minigrants to the RH Coalition to conduct women's health events in three USAID priority judets to generate popular support for reproductive health access under health insurance. Advocacy efforts also pushed for state budget funding of the nationwide network of family planning clinics, because their status under health insurance was unclear. NGOs gathered 850 signatures from the public urging support for their advocacy objectives. National and local media members who had attended previous POLICY-supported media training and policy dialogue sessions covered these events. Law No. 312/1999 specifying Methodological Norms of the Health Insurance Framework Contract (*Official Monitor*, September 7, 1999) placed family planning services and breast/cervical cancer detection under capitation, while pre- and postnatal care and STD screening/treatment were under fee-for-services. Family planning clinics were funded under state budgets for 1998 and most of 1999 and under supplemental funds from the NHIH for the remainder of 1999 and early 2000.

After publication of the 1999 methodological norms, POLICY focused on eliminating policy barriers under the new health insurance system. The project facilitated a workshop in 1999 to identify reproductive health policy barriers and found two critical barriers. First, family planning services could only be provided by Ob–Gyns or by general practitioners (GPs) certified by the MOH. Only GPs in family planning clinics could obtain certification (after attending a six-month training requirement); however, these GPs were not part of the health insurance system. Second, family doctors at the primary care level, who constituted the primary source of health care in rural areas, were restricted in providing family planning information and services. POLICY-supported policy dialogue and advocacy activities in late 1999 and early 2000 focused on these two barriers and on two financing problems: funding of family planning clinics under health insurance and low-cost contraceptives in the public sector. Since earlier efforts tended primarily to benefit the family planning clinics, in summer 2000, POLICY supported a series of women's health forums, fairs, and caravans in five judets to generate support among policymakers and civil society for access to family planning services and low-cost contraceptives at the primary care level, especially in rural areas.

Several results of POLICY/Romania's advocacy efforts are contained in the 2000 Norms for Health Insurance Implementation (Order 921/1.765, *Official Monitor*, July 25, 2000). Under the new norms, family doctors at the primary care level can provide basic family planning services, which include family planning consultation and prescription of methods for persons who are "without risk." Moreover, the new norms state that family planning consultations provided by competent GPs at family planning clinics earn similar points to other family planning consultations (i.e., those provided by Ob-Gyns) and are therefore covered by health insurance.

In addition, the MOH issued Memorandum 648 (June 22, 2000) to inform judet public health authorities of the release of state budget funds for MOH Program No. 12 (National Program for Maternal and Child Health). In August 2000, the MOH also issued technical norms to explain how judets can access centrally procured contraceptives and use special funds to procure contraceptives from local distributors. Both documents encourage national institutions under the MOH and the judets to generate other sources of funds for Program No. 12. Also in August 2000, the Prime Minister and the Ministers of Finance and Health signed a government order on public funding for national health programs, which approved distribution of free contraceptives through family planning clinics to marginal segments of the population, sale of contraceptives through the family planning clinics to other sectors of the population—with proceeds to build up the contraceptive revolving fund to replenish contraceptive stocks—and contraceptive distribution through family doctors for areas without family planning clinics.

RUSSIA

Background. In 1992, Russia's rate of natural increase dropped below zero, and the size of its population began to decline. A sharp increase in adult mortality and a steep decrease in fertility (TFR of 1.24) have hastened the trend. At 68.4 abortions per 1,000 women of reproductive age, Russia's abortion rate is among the highest in the world. Russia faces increasing rates of STDs, including HIV/AIDS, at a time when its health care system has been undermined by economic degradation. In 1997, central procurement of contraceptives and the family planning line item in the federal budget were cut; thus, preventive services needed for better reproductive health, especially contraception, are underfunded. If access to family planning services decreases further, greater numbers of unwanted pregnancies and more reliance on abortion could result. Within this context, misinformation or a lack of information impedes progress in improving services. Proponents of family planning need access to accurate data, particularly as opponents are able to capitalize on the alarming demographic figures.

Objectives. In spring 1998, USAID/Moscow allocated funds to POLICY for analysis, advocacy, and policy dialogue to counteract false claims about the negative influences of more effective reproductive health services. The original workplan supported USAID/Moscow's goal of improving the effectiveness of selected social benefits and services. The project planned to (1) build capacity within NGO networks to advocate for reproductive health and provide the research, analyses, and data needed to support such advocacy; and (2) implement NGO advocacy campaigns and begin policy dialogue to create sustainable mechanisms for financing reproductive health goods and services. Although POLICY's objective remained the same—to improve the policy environment for the provision of reproductive health goods and services—several factors intervened to narrow the project's scope, such as restrictions on the use of funds to work with government officials and deletion of the Mission's objectives for policy dialogue and financing.

Partners. POLICY partners included more than 20 NGOs active in reproductive health and women's issues who constitute the Advocacy Network for Reproductive Health (the Network). POLICY collaborated with other local organizations and donors, such as the Center of Demography and Human Ecology, Charities Aid Foundation, Focus/Agency for Social Information, and UNFPA. POLICY established and registered a representative office, staffed by a long-term advisor and administrative/accounting support. In addition to local subcontractors, the POLICY team worked closely with a consultant demographer.

Types of TA. POLICY facilitated formation of the Network, fostered its advocacy capacity through training, and provided communication and organizational support to maintain it and its activities. The team contracted local experts to train Network members in legislative processes and newsletter writing; conducted research and data analysis to support an advocacy program; and assisted in planning and conducting an advocacy campaign as well as in creating and disseminating advocacy materials.

Highlights of Country Activities and Results. In April 1998, POLICY staff consulted with USAID and counterparts to identify leading Russian specialists in FP/RH and women's issues with whom to establish working relationships. In August 1998, POLICY conducted advocacy training during a U.S. study tour sponsored by AED, and in November 1998, POLICY conducted an advocacy workshop for 23 representatives of selected NGOs in Russia; this workshop marked the birth of the Network. The Network organized itself into four technical task forces with a coordinating committee and is now writing a charter to clarify terms of membership, leadership, communication, and other issues critical to its sustainability. Thus, a significant POLICY achievement was the formation and coalescing of this nationwide network.

Capacity building contributed to an early success. In 1998, Network member Dr. Irina Bogatova and colleagues in her oblast drafted and successfully advocated for a comprehensive reproductive health law in Ivanovo that included reproductive health funding in the absence of federal funding. In contrast to federal laws, this law addressed adolescents' rights to reproductive health services and education. After participating in POLICY-supported training sessions in advocacy and legal processes, Bogatova claimed that her new knowledge and skills allowed her to plan and advocate for an amendment, which passed in April 1999 and replaced restrictive language in the law regarding foreign funding for reproductive health. Bogatova's NGO was awarded a minigrant to assess the advocacy process and transfer lessons learned to other regions.

In December 1998, POLICY worked with the Network to create a concrete research agenda to set priorities among reproductive health issues and increase the critical information base for advocacy work. Working with local experts, POLICY produced and disseminated the following publications in Russian and English: "Adolescent Reproductive Health and Behavior in Russia," a critical review and analysis of literature and data; "Reproductive Health Legislation in the Russian Federation," an analysis of reproductive health legislation and policies; and "Abortion and Contraceptive Use in the Russian Federation," a paper on the impact of increased access to contraception in low-fertility countries. The Network used the research products to inform their advocacy decisions and develop fact-based advocacy tools.

POLICY facilitated a series of meetings and training sessions to help the Network define an advocacy issue and implement action plans. The advocacy campaign to ensure contraceptive supplies to family planning centers included a letter-writing campaign to federal and regional policymakers, a journalist informational seminar, and NGO outreach. POLICY awarded four minigrants to implement the activities. Additionally, POLICY provided technical and financial support for the publication and distribution of nearly 1,000 copies of the Network's first newsletter to NGOs throughout Russia, and began work with the Network to prepare a fact sheet on contraception and abortion, based on the POLICY paper and targeted for use in their current advocacy campaign. A team of Network pretested the fact sheet with officials in four regions.

On August 3, 2000, the Network submitted a letter to President Putin, requesting his support for refinancing the family planning program; after official acknowledgement, the Network will distribute it to other key policymakers and hold a policy roundtable, using the fact sheet as the main advocacy tool. Twenty-two journalists attended a June 2000 journalist seminar, cosponsored by UNFPA. By the end of the summer, five favorable articles based on information distributed at the seminar were published in Moscow and regional papers, and 11 radio broadcasts aired in three regions. The NGO outreach meetings held in three regions used the Network's first newsletter as a tool to build support. The meetings yielded a group of supportive partners, mass media coverage of events, and the opportunity to bring regional policymakers into dialogue with NGOs; the outreach meetings also initiated a regional approach to the Network's future expansion.

Network member Dr. Konovalova reported an advocacy success in the Sverdlovsk Region, offering promise for the impact of an ongoing letter-writing campaign, particularly in the regions. Konovalova claimed that POLICY advocacy training and the Network's activities led her and her colleagues to hold a press conference and write a letter to regional officials to support a reproductive health program to address problems arising after central contraceptive procurement ceased. Their advocacy efforts were successful; in February 2000, the governor wrote instructions to the responsible officials to create and implement a reproductive health program by decree.

TURKEY

Background. The government of Turkey is concerned about population size because its population of 65 million is expected to double in 45 years. The 1998 DHS revealed that Turkish women are bearing more children (2.6) than they ideally want (2). Modern contraceptive use is only 38 percent of the total 64 percent of family planning (FP) use; thus, nearly as many women use less reliable traditional methods as those who use effective modern methods. In the public program, contraceptives are distributed mostly through the MOH's extensive network of primary health care facilities. Until recently, international donors, primarily USAID, have been the source for nearly all contraceptives distributed by the MOH.

Beginning in 1995, USAID and the Turkish government embarked on a five-year donor phaseout program, not only for contraceptive supplies, but also for all foreign assistance. USAID mandated the POLICY Project to help Turkey meet the challenge of achieving contraceptive self-reliance. USAID foreign assistance for Turkey will end in March 2002.

Objectives. In Turkey, USAID is focusing on increasing the population's use of FP/RH services by strengthening the sustainability of FP/RH programs, improving the policy environment for public and private sector provision of FP/RH services, and strengthening NGO advocacy for high-quality FP/RH services. POLICY strove to support these goals through its own objectives, which included strengthening the sustainability of FP/RH programs, targeting public sector resources for FP/RH, improving collaboration within the MOH and among other sectors, and strengthening NGO advocacy for high-quality FP/RH services.

Partners. POLICY partners in Turkey are numerous. Key public sector collaborators include the MOH, Maternal and Child Health General Directorate (MCH-FP-GD), the Ministry of Finance (MOF), State Planning Organization, and Ministry of Labor and Social Security (SSK). Main nongovernmental partners include the Health and Social Aid Foundation (HSAF); the Turkish Advocacy Network for Women (KIDOG), and KASACOM network under the leadership of the Family Planning Association of Turkey. In addition, POLICY worked closely with the following USAID CAs: AVSC International; Johns Hopkins University, Program for International Training in Reproductive Health (JHPIEGO); Family Planning Management Development Project (FPMD III); Macro International, Demographic and Health Surveys (DHS) Project; and the Contraceptive Social Marketing (CSM) Project III.

Types of TA. POLICY provided TA in the areas of finance, strategic planning, market segmentation, commodity procurement and logistics, and advocacy. Turkish experts assisted with policy research, analysis, and dialogue. Several local subcontracts and letter agreements were implemented in order to conduct focus groups and develop materials for policy dialogue. Also, six minigrants totaling US$16,170 were disbursed to the KIDOG and KASACOM NGO networks for advocacy campaigns.

Highlights of Country Activities and Results. Early on, POLICY helped prepare the *National Strategic Plan for Women's Health/Family Planning* and monitor its implementation. This plan, unique in Turkey, is the result of a participatory process involving key social sector ministries, MOF, selected NGOs, and commercial organizations. The *National Strategic Plan for Women's Health/Family Planning* addresses a broad range of women's RH issues in pursuit of the spirit of the ICPD *Programme of Action*, and is intended to foster policy-level support to improve women's status and quality health services nationwide. Currently, the UNFPA and the European Union (EU) are using this document as a guideline for designing their foreign assistance. Also, in November 2000, the MOH issued an order to provincial health directors to follow up on the provincial activities of the national plan.

The Turkish government is on the verge of contraceptive self-reliance. POLICY assisted the government by providing analytical support and facilitating policy dialogue with the MOH and a range of stakeholders. POLICY forecasted commodity needs and financial requirements and ensured the funding requests were accurately incorporated into the government annual budget cycle. Each year, POLICY worked closely with the MOH/MCH-FP-GD to transfer skills in this regard, shifting ultimate responsibility to the MOH.

Since 1996, POLICY assisted the MOH in developing a sustainable financing policy for contraceptives. A market segmentation analysis of family planning users and supply sources provided the foundation for initial policy dialogue and paved the way for strategic thinking. Consequently, a two-prong strategy was adopted. First, the MOH mobilized funds from its sector budget in order to avoid disruption in the flow of services. Second, the MOH developed a strategy whereby free or near-free contraceptives are targeted to those clients in most need. This strategy has been the subject of debate in a wider policymaking circle. As a result of rigorous and well-targeted policy dialogue, leaders from several sectors banded together to solve the contraceptive financing challenges in Turkey.

POLICY's efforts yielded two main outcomes. First, the MOF allocated about $2.5 million for contraceptive commodities in FY2000 within an existing line, which raises the probability of sustained annual commitment. Second, stakeholders reached consensus on a targeting strategy for free contraceptive commodities. Pilot testing of the targeting strategy and its national implementation were the condition for continuation of the budgetary allocation by the MOF.

In collaboration with other relevant governmental bodies, such as the MOF, SSK, and the State Planning Organization, the MOH adopted a targeting strategy based on willingness to pay. The plan implicitly assumes that those willing to pay are also able to pay. This plan also allows for those who are unwilling to pay to receive their commodities for free.

POLICY conducted a feasibility study to assess the mechanism for collecting voluntary fees through the HSAF, a foundation that operates in tandem with the MOH primarily to collect payments as part of resource mobilization for the health system. Based on favorable outcomes of the feasibility study, the MOH and its partners chose to pilot test the strategy, and POLICY provided assistance at every step. The pilot study will be completed in early 2001.

Also, within the spirit of the IPCD, POLICY facilitated the formation of KIDOG, whose mandate is to improve women's status and FP/RH services. KIDOG has proven to be an effective mechanism for mobilizing civil society and influencing governmental policy processes. Through a series of skills-building workshops, ongoing analytical support, and TA for advocacy strategy planning and implementation, POLICY has built an effective collaboration with this network. KIDOG has grown to encompass 17 member organizations and has learned how to work as an informal advocacy network. From the start, KIDOG coalesced around a common vision, launching itself into the advocacy arena by actively participating in the HABITAT II for Humanity international conference. With further POLICY assistance, KIDOG's achieved notable success in advocating for contraceptive self-reliance in 1998. This campaign targeted policymakers and the mass media, calling for immediate government budget support and procurement of contraceptive supplies for the public sector. KIDOG's advocacy campaign on contraceptive self-reliance yielded favorable mass media coverage and spurred action by former President Demirel to direct the MOH to mobilize funds for contraceptives. The president's call to action dovetailed well with POLICY's other TA related to forecasting, budgeting, and consensus building.

The POLICY/Turkey program achieved outstanding results and served as a model for other phaseout countries. The approach, TA, analytical tools, training guides, and policy dialogue materials produced for Turkey were adapted for use in other POLICY countries. Expert personnel, local and foreign alike, lie at the heart of progress, as does the commitment of local partners.

TURKMENISTAN

Background. POLICY began activities in Turkmenistan in January 1999 by placing a resident advisor (RA), who was asked to help develop a reproductive health policy framework, liaise with donor agencies, and coordinate activities related to USAID projects in Ashgabat. During the one-year assignment, the scope of work evolved in response to USAID/CAR's priorities, which included reproductive health policy development, medical family practice formation, and hepatitis and tuberculosis diagnosis and inoculation.

Objectives. No results framework was developed for Turkmenistan. Instead, USAID/CAR wrote a workplan specifying POLICY's goals, contributions, and main activities (and timeline) according to the Mission's initiatives for improving reproductive health and addressing public health threats.

Partners. One of POLICY's main partners was the UNFPA. POLICY's RA was stationed in UNFPA's offices and collaborated with various donors, including WHO, UNICEF, and UNDP. Three main public sector partners included the Ministry of Health and Medical Industries (MOHMI), MOH MCH Center, and the National Institute of Statistics and Forecasting (NISF). USAID-funded CA partners included Macro International, Counterpart Consortium, Project Hope, Centers for Disease Control, and American International Healthcare Alliance (AIHA).

Types of TA. POLICY assistance consisted primarily of technical support, funds for policy dialogue, and equipment transfer.

Highlights of Country Activities and Results. Based on a Memorandum of Understanding between USAID/CAR and UNFPA/Turkmenistan, POLICY assisted the UNFPA in developing its five-year plan for Turkmenistan, which included, but was not limited to, reproductive health. Also, POLICY's RA participated in the main activities leading to implementation of the 2000 DHS. These activities resulted in an official endorsement from the key stakeholders, including the MOHMI, NISF, and MOH/MCH. Also, POLICY co-sponsored the MCH Center's 20th anniversary conference, attended by more than 100 Ob–Gyns and pediatricians. The conference helped solidify USAID's budding relations with the MOHMI and MOH/MCH.

As requested by USAID/CAR, POLICY supported the formulation of the WHO's Directly Observed Treatment Short-Course (DOTS) Project in Turkmenistan. In collaboration with the MOHMI, POLICY co-sponsored a national tuberculosis conference in April 1999. Subsequent policy dialogue with USAID, MOHMI, and WHO resulted in Project HOPE being contracted to implement a DOTS program. Furthermore, POLICY worked with the AIHA/Partnership Family Practice Training Project and the Turkmenistan Family Medicine Institute on the development of a new curriculum for family practice and TOT activities.

In August 1999, POLICY conducted a reproductive health rights seminar that was attended by representatives of the government, media, NGOs, and donors. In addition, POLICY supported the USAID-funded NGO Networks for Health Project by participating in the initial assessment and coordinating the project's planning efforts. Moreover, POLICY supported two visits by USAID teams (Disease Control and Reform), which are designing a five-year strategic plan.

POLICY's RA finished his scope of work on schedule by the end of December 1999. Some funds remained unexpended because of reduced office expenses. USAID/CAR requested that POLICY use these funds to transfer equipment to six government organizations and NGOs in Ashgabat.

UKRAINE

Background. Ukraine's population size has been shrinking since the early 1990s. The total fertility rate declined from 1.9 in 1989 to 1.2 in 1998 (MOH). Concurrently, mortality, particularly from infectious diseases, increased substantially. STD prevalence has exploded since 1995, and HIV/AIDS prevalence in Ukraine is now the highest in Europe. Induced abortion remains the dominant means of fertility control. After five years of tireless efforts, the MOH's National Family Planning Program (NFPP) was adopted in 1995. This program provided a starting point for educating clients about family planning choices and providing other critical reproductive health services. A sustained commitment among government and nongovernmental stakeholders is still needed to mobilize resources, educate providers and clients about modern FP/RH, and address legal and regulatory challenges within a predominantly public sector, antiquated, tertiary care-focused health system that is inching toward integrated health care.

Objectives. In 1997, USAID/Kyiv enlisted POLICY's help in improving the FP/RH policy environment. Addressing the "deep demographic crisis" and severe fertility and health declines required a strategy to increase awareness and political support for FP/RH among political leaders, facilitate collaboration among government and nongovernmental sectors, and improve information for decision making and long-range program planning. POLICY sought to address these issues through its objectives and activities, which focused on improving the policy environment for FP/RH, strengthening political and popular support, promoting effective policy dialogue and advocacy for FP/RH, strengthening collaboration among government and nongovernmental sectors, and increasing the critical information base at the MOH and in Odessa Oblast.

Partners. Under the MOH's leadership, with POLICY assistance, a multisectoral and intergovernmental reproductive health Policy Development Group (PDG) formed in March 1999. The PDG constituted itself officially with the Cabinet of Ministers to develop a National Reproductive Health Program (NRHP) to replace the NFPP, which will expire in December 2000. The group includes reproductive health leaders representing the ministries of Health and Education, Academy of Sciences, the NGO named after Olena Teliha, and the Family Health Center (a private reproductive health center in Odessa). POLICY hired a local coordinator, Lena Truhan, at the time the group coalesced, to serve as a liaison among the PDG members, USAID/Kyiv, and other CAs and donors working in Kyiv.

Types of TA. While Ukrainian counterpart ministries were not opposed to coordinating with one another, they had neither the resources nor the experience to follow through. POLICY helped organize a policy dialogue roundtable that included participation from the NGO and private sectors. The PDG's follow-on activities involved monthly two-day workshops organized by POLICY to help the MOH and its partners develop the NRHP. POLICY and local consultants prepared a budget to implement the NRHP's activities based on realistically expected costs. In addition, in response to President Kuchma's interest in increasing analytical capacity, POLICY sponsored a series of training sessions in SPECTRUM and transferred 10 computer systems to government officials responsible for population and development planning at the national level and in target oblasts.

Highlights of Country Activities and Results. In fall 1998, based on the results of a key informant study to identify the most committed and well informed of the high-level leaders, POLICY facilitated the creation of the PDG, a multisectoral and intergovernmental group of reproductive health stakeholders interested in mobilizing political and financial support for the NFPP. A review of the legal and regulatory environment for FP/RH served as a basis for discussion at a policy dialogue roundtable in June 1999, marking the beginning of the PDG and POLICY's collaboration. The well-attended, participatory roundtable helped renew relationships and raise awareness of reproductive health issues; it also served as an impetus to increase efforts at overcoming the many obstacles to improving services. Roundtable

participants prepared a list of 25 barriers to improved FP/RH services and agreed to meet one year later to review progress toward addressing the issues. The group decided to address barriers as it developed a new, broader program to replace the NFPP.

In fall 1999, the PDG realized it did not have much time to develop a national program. With ongoing technical and logistical assistance from POLICY, monthly two-day workshops were organized and an activity plan was created to ensure timely completion. The group began to develop a performance-based program, in accordance with international norms, complete with indicators, baseline data, and expected results for 2004. POLICY staff developed tools based on the United States's Healthy People 2000 and the WHO Health 21 principles (to which Ukraine is a signatory). The first draft of the NRHP was completed in March 2000.

The program was unveiled at the Kyiv+1 roundtable in June 2000 before public, private, and NGO representatives; donors; and CAs. The roundtable provided an opportunity for stakeholders to suggest ways to strengthen the program document and built support for its adoption. The program was heralded by a representative from the Scientific Center on Preventive Education "as a model for other national programs." Moreover, a representative of the Ministry of Economics said she felt it "essentially differs from its precursors by concretely determined objectives and accurately identified indicators." JHPIEGO, AIHA, and PCS representatives in attendance were glad to have a strategic document to help guide their future health development assistance efforts. On July 4, 2000, the Minister of Health submitted the NRHP and budget to the Cabinet of Ministers for review. The NRHP will likely be adopted by the president's administration by spring 2001.

POLICY developed a five-year budget for the NRHP by determining resource requirements by program component, activity, year, and funding source. In addition, the budget is accompanied by a budget resource analysis, which provides documentation on the methodology used. The analysis is intended to increase local capacity to develop budgets based on realistic predictions of costs for implementing activities. The budget process also served to help the PDG consider the feasibility of implementing all activities initially considered.

POLICY also sponsored a series of SPECTRUM training sessions, first to train national-level technicians and second to identify the strongest participants for a subsequent TOT held in spring 2000. The TOT prepared seven technicians to provide oblast training sessions in DemProj and FamPlan for their counterparts. POLICY assistance in conducting SPECTRUM training sessions provided an opportunity to institutionalize analytical capacity and empower local trainers to train their colleagues from other oblasts. SPECTRUM training sessions also helped promote the use of data for decision making. For instance, a locally developed presentation using SPECTRUM outputs provided a strong economic argument for the necessity of the NRHP. The argument was prepared by Ukraine's lead demographer, V. Steshenko, and delivered at the Kyiv+1 roundtable and the CDC-sponsored reproductive health survey seminar to advocate for adoption of the NRHP.

LATIN AMERICA/CARIBBEAN (LAC)

BOLIVIA

Background. In 1994 and 1995, the government of Bolivia passed two groundbreaking laws intended to advance democratization by bringing local communities into the public policy process. The Popular Participation Law (PPL) of 1994 and the Administrative Decentralization Law (ADL) of 1995 laid the foundation for a political, institutional, and legal framework that transferred decision making and financial control to local governments and gave citizens the right to participate actively in decentralization. For the first time, local communities had the opportunity to identify priorities and shape local agendas; however, local groups lacked the capacity to take advantage of this favorable climate. First, they were unfamiliar with the content of the PPL and ADL and, hence, were unaware of their rights and responsibilities vis-à-vis local decision making. Second, citizens lacked the skills necessary to participate effectively in policy processes. Finally, neither local communities nor authorities viewed sexual and reproductive health issues as priorities that needed to be addressed in local policy processes. POLICY's work informed women and men that these problems did have solutions and that they had the right and a new opportunity to ask for programs to address these issues.

Objectives. POLICY's objective in Bolivia was to contribute to a decentralized and participatory health care system by ensuring that municipal planning processes were participatory, municipal development plans included sexual and reproductive health, and resource allocation for sexual and reproductive health was improved at the municipal level. Within this context, POLICY organized activities to promote effective advocacy for sexual and reproductive health, improve effective participatory planning, and increase the collection and use of reliable information in policy and program development.

Partners. POLICY's principal partners in Bolivia included the Vice Ministry of Popular Participation (VMPP), the Unit of Population Policy (UPP) within the Ministry of Sustainable Development, Programa de Coordinación en Supervivencia Infantil (PROCOSI), Coordinadora de la Mujer (CNM), UNFPA, and Family Health International (FHI). POLICY also established relationships and worked closely with the municipal governments of Cobija, Comarapa, Exaltacion, Riberalta, Santa Ana, and Trinidad. POLICY's local team in Bolivia consisted of a long-term advisor, participation coordinator, planning advisor, evaluation coordinator, and program coordinator.

Types of TA. POLICY assistance sought to (1) inform citizens of their rights under the PPL and ADL and provide them with the skills and knowledge necessary to participate in the decentralization process; (2) raise awareness among policymakers and community members about sexual and reproductive health problems, their impacts, and means of addressing them in the policy arena; and (3) strengthen NGOs, civil society groups, and grassroots organizations to help them become effective advocates for sexual and reproductive health. Specific areas of technical assistance included participatory planning, advocacy training, leadership training, and capacity building for research and data use in planning.

Highlights of Country Activities and Results. In 1998, POLICY conducted the first in a series of three-day participatory planning workshops, which would eventually train more than 450 people in 11 municipalities. Participants came from base territorial organizations, neighborhood vigilance committees, indigenous groups, local NGOs, women's groups, youth groups, and local governments. Workshops were designed to ensure that participants were aware of their legal rights and responsibilities; knew how to exercise their rights in the municipal planning process; and understood the importance of integrating community sexual and reproductive health needs into local plans. Following the workshops, POLICY provided continued assistance to local authorities in six municipalities during the formulation of their Municipal Development Plans (PDMs).

POLICY complemented the training sessions and technical assistance in planning by conducting one-to-two-day workshops on gender and sexual and reproductive health for men and women who were prospective participants in the municipal planning process. Workshops provided information and raised awareness about gender and sexual and reproductive health issues and provided a forum for participants to reflect on their reproductive rights and reproductive health status, often for the first time. The ultimate goal of the workshops was to ensure that PDMs were gender-sensitive, reflected the needs of women, and addressed community sexual and reproductive health needs.

Throughout the municipal planning process, POLICY worked closely with the UPP to disseminate data on local sexual and reproductive health status to municipalities and departments. In 1998, POLICY and the Ministry of Sustainable Development launched the Modems-to-Municipalities Program, under which 50 municipalities received modems and training, giving them access to population databases from the MOH, VMPP, UPP, and Census Bureau. With technical assistance from POLICY and UPP, local authorities and community representatives in POLICY's target municipalities were able to use these data to highlight and prioritize community sexual and reproductive health needs during the formulation of PDMs.

As a result of these combined intensive efforts, the PDMs of Cobija, Comarapa, Exaltacion, Riberalta, Santa Ana, and Trinidad included, for the first time, programs and funding for sexual and reproductive health.

In collaboration with the CNM, a local women's NGO network, POLICY trained 200 female leaders from NGOs and community groups in advocacy and leadership, providing them with the knowledge and skills necessary to participate effectively in local decision making. Workshops took place in each of Bolivia's nine departments. Participants subsequently used their new skills, often with funding from POLICY minigrants, to conduct advocacy activities designed to bring sexual and reproductive health issues to the forefront of local agendas. In Sucre, during the 1999 elections, women from a local NGO collaborated with youth groups to implement a series of advocacy activities to convince candidates to incorporate sexual and reproductive health issues into their election platforms. In Riberalta, a group of women created the Casa de la Mujer, an entity to advocate for and advance the empowerment of women, with a focus on sexual and reproductive health. Subsequently, members of Casa de la Mujer/Riberalta worked with counterparts in the neighboring municipality of Guayaramarin, providing them with the training and guidance necessary to create an equivalent entity. Members of Casa de la Mujer/Santa Cruz used a minigrant to successfully lobby the local government for the creation of a municipal office devoted to women's issues. In total, POLICY awarded 16 minigrants to NGOs and community groups in Bolivia.

During its five years in Bolivia, POLICY undertook several research activities, most of them pilot endeavors at the departmental level. These research projects were designed to directly influence policy decisions and program development. In 1998, POLICY and FHI financed a survey-based study on adolescent sexual and reproductive health behavior and attitudes. Results were incorporated into a pilot education program in six local high schools. The Department of Chuquisaca allocated resources in the form of six staff members to this activity. That same year, POLICY financed a study in Oruro aimed at identifying factors that interfere with the delivery of sexual and reproductive health services at the local level. In the rural community of Achacachi, POLICY sponsored a study on the impact of the PPL on women's participation in decision making.

POLICY collaborated with PROSOCI to foster support for sexual and reproductive health issues at the central level. In May 1997, PROCOSI, POLICY, and UNFPA conducted a national advocacy campaign to ensure that the sexual and reproductive health needs of the Bolivian population appeared on that year's election agenda. A summary booklet of the campaign was published and distributed widely.

ECUADOR

Background. As part of a global emphasis on sustainability, in the mid-1990s, USAID/Quito determined that Ecuador's two primary nongovernmental providers of FP/RH services, the Medical Center for Family Planning (CEMOPLAF) and Asociacion Pro-bienestar de la Familia Ecuatoriana (APROFE), were ready to graduate from donor-sustained to financially independent entities. Both NGOs have solid user bases and well-developed organizational capabilities. Moreover, by 1996, they were recovering 60 percent of their costs through user fees. One of USAID/Quito's main program components was provision of transitional support to CEMOPLAF and APROFE to help them increase cost recovery while they continued to provide high-quality FP/RH services to low-income couples.

As financial self-reliance and cost recovery become increasingly relevant for organizations in Ecuador and elsewhere, service providers must raise the price of services. Within this context, organizations must focus on understanding consumer demand and identifying reliable low-cost survey methods for measuring price elasticity of demand.

Objectives. Given a limited budget, POLICY's involvement in Ecuador was small. The project sought to promote the use of information in policy and program development. Between 1996 and 1997, POLICY collaborated with CEMOPLAF, the Population Council, and FHI to conduct a one-year study to determine the potential impact of price increases on overall demand for CEMOPLAF services, clinic revenues, cost recovery, and accessibility for poor clients.

Partners. POLICY's principal partner in Ecuador was CEMOPLAF, an Ecuadorian NGO founded in 1974 to meet the FP/RH needs of low-income couples.

Types of TA. POLICY provided assistance to CEMOPLAF to carry out a study to determine the price elasticity of demand for CEMOPLAF services; help CEMOPLAF understand how it might recover costs and increase financial sustainability while minimizing the loss of poor clients; and evaluate and validate a simple low-cost survey methodology to measure consumer willingness to pay for FP/RH services.

Highlights of Country Activities and Results. POLICY and counterparts conducted the price elasticity study between August 1996 and June 1997. The study consisted of a field experiment in which clients at 15 CEMOPLAF clinics experienced a real price increase in services and three rounds of surveys, which asked respondents about their willingness to accept hypothetical price increments. Local CEMOPLAF staff were involved in designing and pretesting the survey instruments and in training local interviewers.

Study findings showed that demand for CEMOPLAF's most popular services—Ob-Gyn services, IUD visits, and prenatal care—was inelastic at prevailing price levels. That is, it was possible to increase revenues by raising prices, albeit at the expense of losing some clients. The study also showed that price increments did not disproportionately affect poorer clients. Using the data, the research team presented CEMOPLAF managers with various scenarios that clearly showed the trade-offs between revenue increases and client loss at different price levels, enabling the managers to understand implications of their pricing decisions. Based on the study findings, CEMOPLAF staff decided to raise prices in all its clinics.

GUATEMALA

Background. POLICY began working in Guatemala in 1995 in a conservative policy environment for reproductive health and in a society where all organized civil group expression was repressed. The policy environment changed dramatically at the end of 1996 with the signing of the *Agreement on a Firm and Lasting Peace* to end the 30-year civil war, setting the stage for increased participation and democratization. Although many peace accord articles specifically mention women's health and participation, government efforts to formulate and implement favorable policies have been ineffective because of the pressure and influence of sectors opposed to reproductive health. A recent change of government in January 2000, however, created new opportunities. The new administration publicly pledged to promote FP/RH, arguing that the people have a right to be informed and have access to services. Public, sustained commitment of civil society groups was needed to mobilize political support and reach political leaders in the formal health sector and beyond to address reproductive health as a public health challenge.

Objectives. USAID/Guatemala City asked POLICY to use its remaining field support funds to take advantage of new political opportunities to continue improving the policy environment for FP/RH in Guatemala. POLICY focused on increasing Guatemalan's support of and commitment to integrated women's health services and promoting policies and programs that favor integrated women's health. Project activities attempted to engage local organizations in advocacy to support integrated women's health and participation, increase collaboration between government and nongovernmental sectors, and promote the use of reliable information in policy formulation for advocacy, political dialogue and/or formulation of population and development policies and programs, women's participation, and integrated women's health.

Partners. POLICY partners in Guatemala included the MOH Maternal and Child Health Program; the Guatemalan Social Security Institute (IGSS); the Women's Network for Building Peace; the Cairo Action Group; APROFAM (IPPF affiliate); the Guatemalan Association of Women Physicians (AGMM); the Association of Gynecology and Obstetrics (AGOG); the Center for Legal Actions and Human Rights (CALDH); the National Women's Office; the Government Office for the Defense of Women; and several departmental-level organizations, mainly health service providers.

Types of TA. POLICY took advantage of opportunities in the public sector to support dialogue, policy formulation, and dissemination of information to facilitate informed decision making. The project also continued assisting civil society groups in effective participation in reproductive health policy formulation. POLICY supported the use and dissemination of information for decision making. POLICY facilitation, which was critical in opening the dialogue on medical barriers to family planning services, was necessary throughout the life of the project. POLICY analyzed and presented reproductive health data; worked to reduce medical barriers against family planning services; implemented and followed up on small grants and subcontracts; facilitated intersectoral workshops to reach consensus on FP/RH priorities; produced publications; and facilitated interdonor coordination.

Highlights of Country Activities and Results. Political and civil society leaders in Guatemala support population, family planning, and women's health programs. The MOH publicly supported ICPD *Programme of Action* goals for family planning, population, and gender in economic and social development policies, calling for an investment in programs related to sexual and reproductive health, family planning, information dissemination, and access to services. POLICY assisted the MOH in analyzing data and information in preparation for the pronouncement. The Women's Network for Building Peace and a group of civil society organizations supported MOH declarations related to sex education and reproductive health, recognizing the population's right to informed consent and access to

services. The Cairo Action Group and five departmental groups submitted a sexual and reproductive rights declaration, which the MOH and Municipality of Quetzaltenango endorsed, as a sign of commitment to strengthening reproductive health policy dialogue with civil society. Almost all political pronouncements in favor of FP/RH have been based on the legal framework for reproductive health that POLICY developed, published, and disseminated.

POLICY carried out a study on medical barriers to family planning services, the results of which were used by the MOH to write a ministerial directive for regional directors communicating the official guidelines for providing information and family planning services in health facilities. POLICY conducted several meetings on medical barriers, created a high-level presentation with the MOH, and collaborated with the MOH, IGSS, APROFAM, AGMM, AGOG, Population Council, and USAID to prepare the study report, *Medical and Institutional Barriers Against Family Planning in Guatemala*, which was published in July 2000. The new Norms of Attention in Family Planning presented by the MOH last September also addresses medical barriers to family planning services.

POLICY distributed reproductive health information and gave policy presentations to political party representatives, who later incorporated the information in the government plans. The Women's Network for Building Peace and CALDH drafted legal reforms for the National Health Code, which they then presented to Congress. The reform addresses sexual and reproductive health, civil society participation in the National Council of Health, regulation of advertising, and violence against women. As of September 2000, the proposal was being incorporated into a population law proposal. At the departmental level, community organizations collaborated with the MOH, municipalities, and other organizations to develop strategic plans for improving quality of care related to local reproductive health services.

POLICY conducted workshops and worked with the MOH Regional Directorate at the departmental level to analyze FP/RH information for planning purposes. In addition, the National Family Planning Program, drafted in early July 2000, incorporates results of the FAMPLAN application.

HAITI

Background. The reproductive health environment in Haiti is characterized by the serious threat of HIV/AIDS and an overwhelming demand for reproductive health services. Political instability and severe economic problems have prevented the country from addressing these issues in the past several years. The prime minister resigned in June 1997 and legislative terms expired in January 1999, weakening the public sector. Furthermore, toward the end of POLICY I, the international community challenged the validity of legislative elections and the constitutional status of the administration. Few adequate policies, plans, or national programs are in place to meet population and reproductive health needs, and NGO health programs continue to provide a significant part of existing services. Nevertheless, with POLICY assistance, the Civil Society Task Force on Population and Reproductive Health provided invaluable support, as did an interim prime minister, the revitalized office of the Secretary of State for Population (SEP), and a number of government officials and NGOs committed to the battle against HIV/AIDS.

Objectives. USAID/Port-au-Prince is striving to promote healthier families of a desired size through objectives that address the policy environment and women's empowerment. An explicit Mission objective is implementation of the *Call to Action*, a blueprint for Haiti's population and reproductive health program, produced by the civil society task force with POLICY support. POLICY's two-pronged approach in Haiti included increasing political and popular support for population, reproductive health, and HIV/AIDS activities and promoting development of supportive policies. Specific project objectives included increasing participation, improving the use of reliable information in the development of policies and programs, and increasing the critical information base. Project activities sought to implement the *Call to Action* and develop a national population policy.

Partners. POLICY's main counterparts in Haiti were the Civil Society Task Force on Population and Reproductive Health, several key NGOs, SEP, the MOH, and HS2004, the bilateral project administered by MSH.

Types of TA. POLICY's most important type of technical assistance was hands-on assistance from POLICY/Haiti staff and consultants, who have decades of experience in the public and private sector in a wide range of areas. This assistance helped build institutional capacity and generate and maintain essential information. For example, the Haiti team worked directly with counterparts in partner institutions to use SPECTRUM in projecting and presenting accurate, current data on the implications of population growth and HIV/AIDS; prepare a series of news bulletins on population, reproductive health, and HIV/AIDS for dissemination by partners; develop a minimum package of services for NGOs to provide under HS2004; research and prepare situation analysis papers on education, women's socioeconomic and legal status, maternal health, and other topics for use in developing the national population policy; maintain and expand a database of nationwide health facilities and personnel; support a survey of women's grassroots organizations in several departments and help analyze survey data; organize and consolidate the task force; assist the SEP in establishing its new organizational structure and preparing its first-year plan; and develop and implement the participatory process used in devising the national population policy. POLICY also conducted training workshops, including two SPECTRUM workshops.

Highlights of Country Activities and Results. With extensive support from POLICY, Haiti produced its first national population policy. Immediately after the SEP was reconstituted in March 1999, it began work on the policy. With extensive technical assistance from POLICY staff and consultants, the SEP collected and analyzed data, developed a participatory policy formulation process, prepared public information materials, and devised a methodology for structuring local public hearings and national

consensus workshops. The policy, approved by the SEP, was presented publicly on International Population Day in July 2000.

The civil society task force succeeded in attracting support for its proposed national population and reproductive health program for Haiti. With extensive support from POLICY, the task force drafted and promoted the *Call to Action*, which embodies its vision of a national program to implement the ICPD *Programme of Action* in Haiti. The Mission incorporated the document into its objectives; First Lady Hilary Clinton publicly thanked the group for their efforts; and private U.S. foundations pledged more than US$5 million to help local NGOs implement the *Call to Action.* A methodology devised by the task force for prioritizing the elements of the *Call to Action* was also applied in the development of the HS2004 elaboration of the "minimum package of services," presented to USAID-funded NGOs. Haiti's Secretary of State for Population signed a formal Memorandum of Understanding with the task force to promote their mutual agendas.

POLICY used the AIM to update HIV/AIDS projections, which have been widely disseminated, adopted by the MOH as Haiti's official HIV/AIDS figures, and used on multiple occasions by the MOH, NGOs, Haiti's first lady, and international organizations. The MOH enlisted POLICY to help conduct a series of workshops and working group meetings beginning with a two-day workshop in February 1999 and continuing through most of the year. The purpose of the meetings was to collaborate with NGOs to revise and update a 1996 draft national HIV/AIDS strategy as a first step in developing and implementing policies and programs to address the problem. As of September 2000, the MOH had not yet followed up on these initial activities.

Among other accomplishments, the MOH commissioned FHI to study mobile units using data extracted by POLICY from a voluminous and unwieldy statistical report of a health facility survey and translated by POLICY into a useful resource document. Study results were presented in March 2000 and the MOH is expected to make decisions for future deployment of mobile units. A local JSI advisor carried out a situation analysis with POLICY support and using POLICY's database on health facilities. The situation analysis revealed a strengthened logistical support system a strengthened logistical support system, a precarious flow of supplies through the system, and serious lack of training among providers. The study is an excellent planning guide.

JAMAICA

Background. In preparation for the ICPD, Jamaica produced the *1995–2015 National Plan of Action on Population and Development* and revised its population policy. The national plan includes a chapter on reproductive rights and reproductive health but is not a blueprint for action. While the government of Jamaica supports the shift from family planning to reproductive health, structural issues within the government affect the development of a reproductive health program. The National Family Planning Board (NFPB) and the MOH are working under considerable constraints, including budget cuts. The MOH, the main reproductive health service delivery organization in Jamaica, is currently being reorganized through health sector reform efforts that include decentralization. Under the reorganization, reproductive health activities will be conducted within the Department of Family Health. The future of the NFPB, a crucial advocacy organization in Jamaica, is questionable. Finally, given the serious and growing problem of adolescent sexual activity and its effects on teenage pregnancy rates, STDs, and educational attainment, donor support in Jamaica is focusing on adolescent reproductive health.

Objectives. POLICY began activities in Jamaica before the Mission reoriented its results framework to focus exclusively on adolescent reproductive health. During that time, POLICY strove to promote the development of national policies, guidelines, and plans in support of FP/RH; increase effective planning for FP/RH; promote the use of reliable data in planning at the national level; and develop a plan for drafting a national youth reproductive health policy.

Partners. POLICY partners in Jamaica included the MOH and NFPB.

Types of TA. POLICY supported HOPE Enterprises in helping the NFPB evaluate its 1993–1998 strategic plan and KPMG–Peat Marwick in preparing a strategic plan for 2000–2005. POLICY worked with the NFPB and MOH to conduct an analysis of existing reproductive health data in Jamaica.

Highlights of Country Activities and Results. In order to streamline its strategic approach, the MOH undertook, with POLICY assistance, an analysis of reproductive health issues and programs in Jamaica. Under MOH and NFPB guidance, POLICY prepared the document, Reproductive Health in Jamaica (POLICY, 1999), which includes two volumes: Volume 1, Analysis of Current Reproductive Health Status, Gaps, Needs, and Opportunities, and Volume 2, Background Data for Analysis of Current Reproductive Health Status, Gaps, Needs, and Opportunities. In February 2000, the MOH used this document in a POLICY-sponsored workshop, the goal of which was to discuss a strategic framework for reproductive health in Jamaica. Following the workshop, a POLICY consultant worked with the MOH and NFPB to prepare the strategic framework. After lengthy review, POLICY presented a final draft of the framework to the MOH on August 28, 2000.

POLICY's predecessor project, OPTIONS II, had assisted the NFPB in developing its 1993–1998 strategic plan. When POLICY began working in Jamaica, the NFPB's continued existence was uncertain. The organization, which had always had an uneasy relationship as a statutory board of its parent organization, the MOH, was facing severe budget cuts and was in danger of being abolished during MOH reorganization. POLICY supported an evaluation of the NFPB, examining the organization's strengths, weaknesses, successes, and failures. Follow-up to the evaluation, which was intended to prepare another five-year strategic plan for the NFPB, was put on hold while the MOH reorganized and conducted its own evaluation, including an examination of the NFPB's role in the national context.

Following the MOH strategic framework workshop, the ministry designated the NFPB as the agency with the technical lead in family planning in Jamaica, thus assuring the board's continued existence. POLICY funded development of a five-year strategic plan for the NFPB, which was approved by the Minister of

Health in June 2000. POLICY also funded KPMG–Peat Marwick to assist the NFPB with the reorganization it had recommended in the strategic plan document.

At the request of USAID/Kingston, POLICY conducted a PES in 1999, which confirmed that while the policy environment for reproductive health in Jamaica is generally good, the most pressing reproductive health issue facing the country is adolescent reproductive health. POLICY collaborated with the bilateral Adolescent Reproductive Health Project by preparing information on reproductive health in general, but with a focus on adolescent reproductive health, including policy issues facing reproductive health programs and activities directed toward youth. The MOH Strategic Framework for Reproductive Health, 2000–2005, also provides a programmatic framework in which to place services for adolescents.

MEXICO

Background. Following decentralization of the health sector in Mexico, the State Secretariat of Health was charged with developing its own plans and budgets that it presents to the state legislature. The legislature can then approve or amend the plans and budgets. Decentralization offers an opportunity for states to create programs that are more responsive to their populations' needs; however, political interests and limited knowledge of technical issues by state-level decision makers may produce decisions that do not best serve the interests of the local population. The concern for good, decentralized governance is particularly acute for HIV/AIDS control for several reasons: many state officials have a limited understanding of the disease; conservative Catholic Church leaders exert a strong influence over local politics in some states; and local policymakers are frequently prejudiced against individuals with HIV and deny the extent to which HIV/AIDS affects their community.

The National AIDS Council (CONASIDA) formed state-level AIDS councils (COESIDAS); however, in many states they have been inactive, and responsibility for state activities has fallen to the state coordinator for HIV/AIDS. Typically, the state HIV/AIDS coordinators have no direct budget control and thus have limited ability to comply with CONASIDA's national plan or carry out programs designated as the states' responsibility. Another challenge comes from the lack of community involvement and coordination in many of the high-risk states. Although Mexico City has seen a vigorous and sustained, albeit often uncoordinated, response to HIV/AIDS from the NGO community, in many states, such as Yucatán and Guerrero, the NGO community is much less active on the issue and has not had the same response. High-risk states also lack coordination on HIV/AIDS programs within the NGO community; between the public and private sector; and across sectors such as health, education, tourism, and indigenous affairs.

Objectives. USAID/Mexico City's primary objective is to improve the policy environment for HIV/AIDS/STI at the national and subnational levels in Mexico. From early 1998 through July 2000, POLICY helped achieve this objective by ensuring that strategic plans were devised and disseminated through interinstitutional commissions and resources were allocated for their implementation at the national level and in targeted states, and by promoting the active support and participation of civil society in HIV/AIDS/STI policy dialogue and formulation at the national level and in targeted states.

Partners. POLICY's principal partners in Mexico were CONASIDA and the state HIV/AIDS coordinators in Guerrero, Mexico State, and Yucatan. POLICY's local team in Mexico consisted of a long-term advisor, participation and evaluation coordinator, strategic planning advisor, and group of consultants who contributed to POLICY work and served on the local advisory committee for the project (along with representatives from USAID and CONASIDA).

Types of TA. POLICY assistance was designed to enhance participation in planning for HIV/AIDS in targeted states and to form planning groups of state and local organizations working in HIV/AIDS and related fields. The planning groups were formed to develop an integrated strategic plan for HIV/AIDS that would address the needs of the states' vulnerable populations and serve as a permanent advisory board for the state on HIV/AIDS policy. Specific areas of technical assistance and training included participatory strategic planning, advocacy training, gender issues in HIV/AIDS, conflict resolution, and policy dialogue.

Highlights of Country Activities and Results. POLICY developed a pilot strategic planning program to foster formation of multisectoral state planning groups for HIV/AIDS. Starting in February 1998, the project worked in the states of Guerrero, Mexico, and Yucatan, and the Federal District (Mexico City); in early 2000, it began work in Oaxaca and Vera Cruz. The strategic planning program was based on the UNAIDS methodology: analysis of the situation, analysis of the response, and strategic plan formulation

and resource mobilization. Working closely with CONASIDA, POLICY added several new steps: (1) dialogue with and/or lobbying the state secretary of health to gain his support for the project, which entailed the controversial opening of the planning and policy process to participation from civil society; (2) a comprehensive stakeholder analysis to identify participants for the planning process; (3) an APES assessment to survey approximately 25 key informants in each state; and (4) a press conference by state leaders and the head of CONASIDA to announce the start of activities and invite the state's media to participate in the process. In addition, POLICY interpreted the third step of the UNAIDS methodology (strategic planning formulation) as an opportunity to encourage wide participation in the policy process, inviting an average of 30 representatives from a variety of fields to participate in a week-long workshop on the status of HIV/AIDS in Mexico and the tools needed for multisectoral strategic planning. The methodology continued to be adapted during the two-year period. Responding to requests from workshop participants, the team added another component to provide substantial, continued assistance to planning groups after their formation.

POLICY carried out the research and evaluation components of the strategic planning program in the states of Guerrero, Mexico, and Yucatan and in the Federal District between 1998 and 2000, and initiated work in Oaxaca and Vera Cruz in 2000. Three week-long strategic planning workshops were held between 1998 and 2000, in Guerrero, Mexico, and Yucatan, along with shorter technical assistance and training workshops with various audiences in the Federal District and other states. In Guerrero, Mexico, and Yucatan, POLICY provided follow-up assistance to the multisectoral planning groups on topics such as strategic planning, conflict resolution, advocacy, gender and human rights issues in HIV/AIDS, and technical aspects of HIV/AIDS.

Multisectoral planning in Mexico yielded impressive results. Diverse groups such as the Catholic Church and gay rights advocates are now working together on HIV/AIDS activities. The traditional enmity between government and NGOs working in HIV/AIDS has dissipated in Guerrero, where the State Secretariat of Health and the NGO community jointly (1) developed a strategic plan that encompasses the health, education, and tourism sectors; (2) conducted local-level IEC campaigns and events to raise awareness, including substantial coverage of HIV/AIDS in state and national television news; and (3) reached out with the first local language educational materials to the large indigenous population in the state. Advocacy by the planning groups in Guerrero and Yucatan resulted in an increased line item for HIV/AIDS/STI in the 2000 state budgets, marking the first time state funds (2 million pesos) in Yucatan had been allocated specifically to HIV/AIDS/STI. Guerrero's budget for 2000 includes a 6-percent increase for HIV/AIDS/STI. The Guerrero State Secretary of Health credited the POLICY-supported planning group, CEMPRAVIH, with influencing the decision to increase funding for HIV/AIDS/STI. In the Federal District, POLICY-supported advocacy efforts, which called for the creation of a district government program on HIV/AIDS/STI, led to the creation of the HIV/AIDS/STI Council for the Federal District (CODFSIDA), which is based on the POLICY model of multisectoral strategic planning. In Yucatan, all key players, including the state secretary of health, have approved the group's strategic plan. The secretary of health then presented it to the state governor in July 2000 for his approval and support. Most recently, Yucatan planning group members successfully advocated for state funding of a local laboratory and clinic capable of HIV/AIDS testing and treatment, in accordance with federal guidelines for treatment of patients who are HIV positive.

PARAGUAY

Background. Paraguay is decentralizing authority for health services. Efforts to date have focused on increasing the managerial capacities of local elected leaders to provide health services in a more efficient and effective manner. Little effort has been made, however, to ensure that programs are responsive to the population's needs, particularly its reproductive health needs. Opportunities and skills are lacking for civil society to participate in decision-making processes. There is little planning and coordination of various reproductive health and population programs at the national level; consequently, no cohesive framework or overarching strategy exists for guiding reproductive activities at the subnational level.

Objectives. POLICY supported USAID/Asuncion's goal of developing sustainable reproductive health policies by ensuring that reproductive health champions effectively advocated for reproductive health and that planning and coordination of reproductive health programs was improved.

Partners. POLICY's principal partners in Paraguay included the Secretariat of Technical Planning (STP), the Centro de Educación, Capacitación y Tecnología Campesina (CECTEC), and UNFPA.

Types of TA. POLICY assistance was designed to improve coordination of population and reproductive health programs, strengthen the decentralization process by supporting civil society participation, and improve local health programs by ensuring that women's reproductive health needs were not neglected. POLICY provided advocacy training to women's groups in the Itapúa region, provided technical assistance in the creation of a population unit within the STP, and organized a course on population and development.

Highlights of Country Activities and Results. Beginning in 1999, POLICY assisted the STP in creating the Population Unit, which is charged with developing a population policy that will provide an overarching framework for the numerous policies related to population issues, thus improving coherence and coordination among interventions. In addition, the Population Unit will manage and present population data needed for effective planning in various sectors. POLICY engaged a local consultant to assist the STP in developing a strategic vision, organizational structure, and operations procedures. Since its creation, the Population Unit has, among other activities, completed a socio-demographic diagnostic of Paraguay, which will inform development of the national population policy.

In August 2000, POLICY collaborated with UNFPA, the Inter-American Development Bank, and the Department of Statistics and Census to organize and implement an eight-week, postgraduate course on programs and policies on population and development. The purpose of the course was to create a core group of experts who would work with the Population Unit to develop a national population policy and advocate for its implementation. More than 25 representatives of the ministries of Public Health and Social Welfare, Agriculture, and Education and Culture; the Census Bureau; the STP/Population Unit; the Women's Secretariat; local NGOs; the armed forces; and others participated in the course.

POLICY supported CECTEC, an NGO that promotes rural education and women's empowerment, in conducting a training program designed to provide rural women with the skills necessary to advocate for their reproductive health needs at the local level. Between February and July 2000, CECTEC trained more than 300 women from 15 neighborhood committees in Itapúa. Participants received training in participatory needs assessment and evaluation of existing reproductive health services and policies, sexual and reproductive rights, and advocacy tools. Following the training sessions, participants used their new skills to conduct meetings with local officials and directors of health posts to discuss reproductive health needs.

PERU

Background. Since 1990, the Peruvian government has supported sexual and reproductive health, particularly family planning. It placed particular emphasis on increasing access to services in response to unmet need. The family planning program, however, was soon sharply criticized for its greater emphasis on quantitative targets than on quality and reproductive rights. Civil society organizations needed to be strengthened to enable them to design programs that are responsive to client needs, monitor implementation of those programs, and sensitize government providers to client rights, reproductive rights, and gender issues.

Objectives. The Mission places strong emphasis on a people-oriented approach, quality of care, and the sustainability of institutions and operations; consequently, POLICY developed a country strategy, approved in February 1997, that encouraged the active participation of civil society in the policy process. POLICY's workplan focused on strengthening the capacity of civil society groups to participate in decision-making processes, engage local government officials, and mobilize local elected authorities to address sexual and reproductive health needs. Project activities aimed to support NGOs and networks advocating in favor of sexual and reproductive health and rights, strengthen collaboration among government and nongovernmental sectors, and promote information use among organizations and institutions in the policy process and/or formulation of sexual and reproductive health and rights policies, programs, and proposals.

Partners. POLICY worked in Peru through the PASARE and ReproSalud USAID projects. Through PASARE, POLICY partners were the National Network for the Promotion of Women (RNPM), a decentralized, democratic network of women's organizations with bases in all 25 departments; and various NGOs and public sector institutions, such as the Ministry of Health (MOH) and the Ministry of Women (PROMUDEH). Through ReproSalud, POLICY partnered with the Manuela Ramos Movement (MMR), a feminist NGO. POLICY's team included a resident advisor, a participation coordinator, and three long-term advisors, two of them based in the offices of the MMR.

Types of TA. POLICY assisted the RNPM in developing a decentralized participation model; technical assistance included continual training, assistance in formulating advocacy plans and policy booklets, and financial support to conduct advocacy activities to strengthen capacity of the network's members to advocate for improved reproductive health policies. POLICY also assisted the MMR in developing the ReproSalud advocacy strategy through training, campaigns, and an advocacy strategy for community-based organization leaders. POLICY assisted the MOH and PROMUDEH in designing a sensitization model on gender and human rights for reproductive health service providers; drafting the National Population Plan and its monitoring plan; analyzing documentation for the formulation of a youth policy; and designing a participation model with rural communities.

Highlights of Country Activities and Results. POLICY's training model with RNPM took advantage of its nationwide presence through training in tiers in all 25 departments of the country to achieve an impact at the decentralized level throughout the country. Training began with a TOT session for 25 women representing 16 departments (representatives of the remaining nine departments were trained later). Courses focused on sexual and reproductive health issues, advocacy skills, and training methodologies. Following the workshops, participants returned to their departments and trained more than 500 people on the same themes. The departmental workshops included not only community leaders and NGOs representatives, but also representatives of the ministries of Health, Women, and Education, and local governments. By involving representatives of the public sector in the workshops, the RNPM was able enlist their help in reaching key decision makers, such as regional directors of ministries, mayors, and heads of regional councils. POLICY provided continual support to advocacy facilitators, including annual update workshops to relay information about new policies, share experiences, and plan

and coordinate strategies. In this way, each department updated its annual plans based on changes in context, high-priority themes, and new stakeholders.

Following the training sessions, POLICY provided each RNPM departmental branch with financial and technical support to plan advocacy activities related to sexual and reproductive health, violence against women, and political participation and citizenship. Each department organized three forums to generate dialogue on these themes and draft proposals to increase awareness and improve services. Approximately 1,000 people participated in each forum. POLICY also awarded minigrants to 30 NGO RNPM members in 21 departments to carry out advocacy campaigns on selected themes. Twelve of these NGOs have been working to generate the political will to improve sexual and reproductive health services and information for youth.

Advocacy campaigns have not only helped civil society groups expand their advocacy skills but have also achieved significant results, such as securing the official commitment of local authorities to address reproductive health issues; devising proposals to improve municipal policies that include sexual and reproductive health issues; forming networks of councilwomen devoted to gender issues, including sexual and reproductive health; forming intersectoral committees; and establishing collaborative relationships among local authorities and civil society representatives, including citizen surveillance committees, which later received funding from the UNFPA.

POLICY's other partner is MMR, which works through the ReproSalud Project to improve the reproductive health of women who are economically and socially disadvantaged, particularly those living in rural areas. One of the project's objectives is to increase women's ability to advocate for improved quality of health services and participate in the formulation of policies and programs at national, regional, and local levels. Since 1998, POLICY provided technical assistance and training in the design of advocacy strategies and campaigns and in monitoring ReproSalud's national and regional technical teams. With POLICY assistance, ReproSalud conducted five national campaigns, which have been replicated by its regional teams. POLICY also assisted ReproSalud in designing and implementing a global monitoring and documentation system.

Since 1999, POLICY has assisted ReproSalud in developing community-based organizations' advocacy and leadership skills in order that women can negotiate improvements at local service delivery points. To date, two advocacy networks have been formed in Amazon villages, and women have presented their agendas to the local health providers. Through extensions to the ReproSalud Project, this model will be replicated to reach leaders from 190 CBOs in Peru's Andean villages.

POLICY's first contacts with government institutions were through its participation in PROMUDEH's working committee in charge of formulating the National Population Plan for 1998–2002. As requested by USAID, POLICY assisted PROMUDEH in training women from grassroots organizations to facilitate negotiations with decentralized public organizations to support USAID's project "Warmi-Wasi." POLICY provided advocacy and participation training for young leaders and also assisted the Office of Youth in PROMUDEH in drafting the Youth National Policy, which was presented to the Director of Human Development from PROMUDEH in early September 2000.

With the MOH, POLICY helped devise gender indicators for the FP/RH program monitoring plan and design a sensitization model on gender and human rights for reproductive health service providers. Partially as a result of POLICY interventions, opportunities for collaboration between the public and private sectors have increased; consequently, PROMUDEH contracted the RNPM to train its staff on issues related to violence against women, and the MOH contracted it to raise awareness of sexual and reproductive rights among health care providers.

APPENDIX

POLICY PROJECT MAJOR PUBLICATIONS

POLICY Occasional Papers

No. 1. Reproductive Health and Human Capital: A Framework for Expanding Policy Dialogue
No. 2. Post-Cairo Reproductive Health Policies and Programs: A Comparative Study of Eight Countries *(English, French, Spanish)*
Individual Country Reports: Bangladesh, Ghana, India, Jamaica, Jordan, Nepal, Senegal (English or French)
No. 3. The Art of Policy Formulation: Experiences from Africa in Developing National HIV/AIDS Policies *(English, French, Spanish)*
No. 4. Increasing Returns on Reproductive Health Services in the Era of Health Sector Reform
No. 5. Reproductive Health Interventions: Which Ones Work and What Do They Cost?
No. 6. Post-Cairo Reproductive Health Policies and Programs in Five Francophone African Countries *(English and French)*

Working Paper Series

No. 1. Performance Monitoring for Family Planning and Reproductive Health Programs: An Approach Paper
No. 2. Policy Lessons Learned in Finance and Private Sector Participation
No. 3. Reproductive Health Costs Literature Review
No. 4. Use of Commercial and Government Sources of Family Planning and Maternal and Child Health Care
No. 5. Improving Nutrition and Reproductive Health: The Importance of Micronutrient Nutrition
No. 6. Factors Influencing the Growth of the Commercial Sector in Family Planning Service Provision
No. 7. Initiating Public/Private Partnerships to Finance Reproductive Health: The Role of Market Segmentation Analysis

Policy Matters (Research Briefs)

No. 1. Unsafe Abortion and Postabortion Care in Zimbabwe: Community Perspectives
No. 2. Understanding Clients' Choice of Providers and Their Willingness to Pay for Family Planning Services in the Philippines
No. 3. Implications of Decentralization for Reproductive Health Planning in Senegal
No. 4. Impact of Unwantedness and Family Size on Child Health and Preventive and Curative Care in Developing Countries
No. 5. Post-Cairo Reproductive Health Policies and Programs in Eight Countries
No. 6. Post-Cairo Reproductive Health Policies and Programs in Five Francophone African Countries
No. 7 Reproductive Health Programs for Adolescents in Three Latin American Cities
No. 8 Shifting Family Planning Services from Home to the Clinic: Evidence from Urban Bangladesh

Manuals

- Spectrum: A Set of Computer Programs for Population, Family Planning, HIV/AIDS, and Reproductive Health Analyses and Projections *(English, French, Spanish)*
- Networking for Policy Change: An Advocacy Training Manual *(English, French, Spanish)*

Flyers

- Computer Models as Tools for Policymakers
- Improving the Policy Environment for Effective HIV/AIDS Policies and Programs
- Improving the Policy Environment for Effective HIV/AIDS Policies and Programs: Focus on Human Rights
- HIV/AIDS Policy Compendium